Mississippi Development Authority
Community Services Division
Request for Cash

Program: Community Development Block Grant Program

Section A: General Information

Recipient	City of Laurel
Mailing Address	Post Office Box 647
Street Address	401 N. 5th Avenue
City, State Zip	Laurel, MS 39441
Telephone No	601-428-6401

Section B: Project Information

Grant No	Contract No	Project No
1134	1134-18-228-PF-01	

Services Rendered

From		To	Request No	MDA Staff Initials
December 5, 2018	Thru	December 31, 2018	1	

Section C: Request Per Activity

	Activity Description	Budget Amount	Total Prior Request to Date	This Request	Remaining Balance	Activity Numbers
1	General Administration	$ 35,000.00	$ -	$ 3,000.00	$ 32,000.00	
2	Application Preparation	$ 5,000.00	$ -	$ 5,000.00	$ -	
3	Water Improvements	$ 459,000.00	$ -	$ -	$ 459,000.00	
4					$ -	
5					$ -	
6					$ -	
7					$ -	
8					$ -	
9					$ -	
10					$ -	
	Total:	$ 499,000.00	$ -	$ 8,000.00	$ 491,000.00	

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

Application preparation complete and environmental clearance received.

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**

______________________ 1/11/2019 Sample, Hicks & Associates 12/31/2018
Signature of Authorized Official **Date Signed** **Prepared By** **Date Prepared**

Johnny Magee, Mayor 601-932-9050
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: Community Development Block Grant Program
Recipient: City of Laurel
Request for Cash Number: 1

Contract Number: 1134-18-228-PF-01
Total Amount Requested: $ 8,000.00

IDIS #	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Amount Requested to Date	Balance
	General Administration	Sample, Hicks & Associates	1218-04	$3,000.00	$3,000.00		$35,000.00	$3,000.00	$32,000.00
	Application Preparation (CDBG O	Sample, Hicks & Associates	1218-04	$5,000.00	$5,000.00		$5,000.00	$5,000.00	$0.00
									$0.00
	Total Administration			$8,000.00	$8,000.00	$0.00	$40,000.00	$8,000.00	$32,000.00
	Engineering / Architectural								$0.00
									$0.00
									$0.00
									$0.00
	Total Engineering / Architectural			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Contingencies								$0.00
									$0.00
									$0.00
	Total Contingencies			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Water Improvements						$459,000.00		$459,000.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
	Total Construction			$0.00	$0.00	$0.00	$459,000.00	$0.00	$459,000.00
	GRAND TOTAL			$8,000.00	$8,000.00	$0.00	$499,000.00	$8,000.00	$491,000.00

Services Rendered - Beginning: December 5, 2018 Thru December 31, 2018

Cumulative: $8,000.00 **Program Expenditures** Plus (+) **Matching Expenditures** Equals (=) $8,000.00 **Total Expenditures**

I Hereby Certify That (a) the services covered by this request have not been received from the Federal / 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

Signature of Authorized Official

1/11/2019
Date Signed

Sample, Hicks & Associates
Prepared By

Johnny Magee, Mayor
Typed Name and Title of Authorized Official

601-932-9050
Preparer's Telephone No

REQUISITION FORM

CITY OF LAUREL
2018 CDBG PUBLIC FACILITIES PROJECT

REQUISITION NUMBER: 1 **CDBG PROJECT NO.** 1134-18-228-PF-01

DATE: JANUARY 11, 2019

SAMPLE, HICKS & ASSOCIATES	$ 8,000.00	CDBG

APPROVED:

BY______________________________

MAYOR

SAMPLE, HICKS & ASSOCIATES, INC.

P. O. BOX 320278
FLOWOOD, MS 39232

Invoice

Date	Invoice #
12/31/2018	1218-04

Bill To
CITY OF LAUREL P. O. BOX 647 LAUREL, MS 39441

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Project Number: 1134-18-228-PF-01		
1	APPLICATION PREPARATION	5,000.00	5,000.00
1	ENVIRONMENTAL CLEARANCE	3,000.00	3,000.00

Total $8,000.00

MUNICIPAL DOCKET
CITY OF LAUREL
FACT SHEET

COUNCIL MEETING DATE: December 4, 2018 ITEM NO. 4K

ITEM TITLE: Policy Agenda

INTRODUCED BY: Administration

CONTACT PERSON/TELEPHONE: Mayor Johnny Magee/601-428-6401/ext.213

SUMMARY EXPLANATION:
Consider adopting resolution granting authority to execute agreement with Sample, Hicks and Associates, Inc., for application preparation and administrative consulting services for the CDBG Public Facilities Project.

EXHIBITS FOR REVIEW

RESOLUTION X ORDINANCE ____ CONTRACT ____ MINUTES ____

PLAN MAPS ____ ORDER ____ OTHER (SPECIFY)

SUBMITTAL AUTHORIZATION: COUNCILPERSON ____ MAYOR JM CAO ____

COUNCIL ACTION: MOTION BY T. Comegys SECONDED BY S. Comegys

COUNCIL VOTE:	YEAS	NAYS	ABSTAIN	ABSENT
JASON CAPERS, WARD 1	|			
TONY WHEAT, WARD 2	|			
TONY THAXTON, WARD 3	|			
GEORGE CARMICHAEL, WARD 4	|			
STACY COMEGYS, WARD 5	|			
TRAVARES COMEGYS, WARD 6	|			
ANTHONY PAGE, WARD 7	|			

ACTION TAKEN: