

BE IT REMEMBERED that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, MS, on the 27th day of August, 2013, at 9 00 a m , and present were Lynn Horton, Luke Lummus, R. B Davis, and Shelton Deanes, President Also present were Amy G Berry, Clerk of the Board, Bob Marshall, Board Attorney, and Eddie Scott, Sheriff, when and where the following proceedings were as determined to wit,

NO \_\_\_\_\_

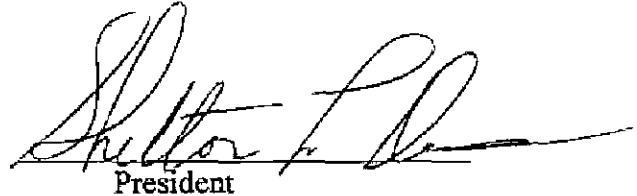
**IN THE MATTER OF ADOPTING AND AMENDING THE AGENDA FOR THE  
BOARD OF SUPERVISORS MEETING HELD ON AUGUST 27, 2013**

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There came on this day for consideration the matter of adopting and amending the agenda for the Board of Supervisors meeting held on August 27, 2013

After motion by Luke Lummus and second by R B Davis the Board doth vote unanimously for such agenda to be adopted and approved

SO ORDERED this the 27th day of August, 2013

  
President

NO \_\_\_\_\_

**IN THE MATTER OF APPROVING REQUEST FOR CASH NO. 7 ON THE HOME  
PROJECT GRANT**

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There came on this day for consideration the matter of approving request for cash no 7 on the Home Project Grant Account

After motion by Lynn Horton and second by R. B Davis this Board doth vote unanimously to authorize to pay the request for cash no 7 as attached hereto as Exhibit A in the amount of \$ 47,883 33

SO ORDERED this the 27<sup>th</sup> day of August, 2013



President



**Mississippi Development Authority  
Consolidated Support Sheet**

Program HOME PROGRAM  
 Recipient Jay County Board of Supervisors  
 Request for Cash Number 7

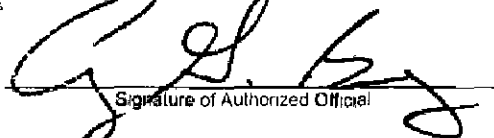
Contract Number M11 SG 280 181  
 Total Amount Requested \$47 883 33

IDIS #	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Total Received to Date	Balance
	Application Fee						\$5 000 00	\$5 000 00	\$0 00
	<b>Total Administration</b>			\$0 00	\$0 00	\$0 00	\$5 000 00	\$5 000 00	\$0 00
Home #1	Brownlee						\$101 500 00	\$51 650 00	\$49 850 00
									\$0 00
									\$0 00
									\$0 00
Home #1				\$0 00	\$0 00	\$0 00	\$101 500 00	\$51 650 00	\$49 850 00
Home #2	Morgan						\$114 500 00	\$6 183 34	\$108 316 66
									\$0 00
									\$0 00
									\$0 00
Home #2				\$0 00	\$0 00	\$0 00	\$114 500 00	\$6 183 34	\$108 316 66
Home #3	Jack						\$106 850 00	\$9 833 33	\$96 816 67
	50% Completion	RNT Rental & Construction	1	\$45 083 33	\$45 083 33				\$45 083 33
	Admin	GTPDD	2602	\$2 000 00	\$2 000 00				\$2 000 00
	Foundation Inspection	Metro Home Inspections	13 109	\$400 00	\$400 00				
	Framing Inspection	Metro Home Inspections	13 0109	\$400 00	\$400 00				\$400 00
Home #3				\$47 883 33	\$47 883 33	\$0 00	\$106 850 00	\$57 716 66	\$48 933 34
Home #4	Robinson						\$101 500 00	\$1 975 00	\$99 525 00
									\$0 00
									\$0 00
									\$0 00
Home #4				\$0 00	\$0 00	\$0 00	\$101 500 00	\$1 975 00	\$99 525 00
Home #5									\$0 00
									\$0 00
									\$0 00
									\$0 00
Home #5				\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00

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I 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 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 certify That the goods 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 collections

  
 Signature of Authorized Official  
 Amy G Berry, Chancery Clerk  
 Typed Name and Title of Authorized Official

8/22/2013  
 Date Signed

Spencer Brooks  
 Prepared By

862 320 2009  
 Preparer's Telephone No

RNT Rental and Construction  
1110 S Eshman Ave  
West point, MS 39773  
Phone 662-275-0535 Fax 662-494-6299

INVOICE  
8/21/13

Bill to Mississippi Development Authority

Re Clay County Home Grant 2013  
Black in finished

Tax ID number 20-4474112

Total \$45 083 33

531

531

Received Time Aug 21 2013 10 52AM No 9882



# GOLDEN TRIANGLE Planning and Development District, Inc

Post Office Box 828 • Starkville MS 39760-0828 • Telephone (662) 324 7860 • Fax (662) 324 1911

**Cecil Hamilton**  
*President*

**Robert E Boykin**  
*Vice President*

**Jimmie Oliver**  
*Secretary / Treasurer*

**Rupert L. Rudy" Johnson**  
*Executive Director*

**Clay County BOS**  
**P O Box 815**  
**West Point, MS 39773**

Date 2602  
Invoice August 22 2013  
Code 33617 - 40300

Attn: Honorable Sheldon Deanes, President

**CLAY COUNTY - HOME REHAB**  
Contact Staff Patsy Patterson

Current invoice (50% Sarah Jack House) \$ 2 000 00

**BALANCE DUE** \$ 2,000 00

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Make Check Payable to  
GOLDEN TRIANGLE PLANNING AND DEVELOPMENT DISTRICT INC

file glbills/33617

**532**

CHOCTAW

CLAY

LOWNDES

NOXUBEE

OKTIBBEHA

WEBSTER

WINSTON

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# INVOICE

Metro Home inspection, LLC  
93 Crownpoint  
Jackson, Mississippi 39211  
601-503-6019 MS License MHIB-0301HN  
Inspected By Johnnie Daniels

Inspection Date 7/27/2013  
Report ID 13-109

Customer Info	Inspection Property
Ms Sarah Jack	595 Barton Ferry Road West Point Ms
Customer's Real Estate Professional	

## Inspection Fee

Service	Price	Amount	Sub-Total
Heated Sq Ft 1300 to 2100 Sq Ft	400 00	1	400 00
			Tax \$0 00
			<b>Total Price \$400 00</b>

Payment Method Check

Payment Status Invoice Sent

Note Foundation inspectopn approved July 27, 2013———Inspection fee is \$400 00

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# Inspection Report

**Ms. Sarah Jack**

**Property Address**  
595 Barton Ferry Road  
West Point Ms



**Metro Home inspection, LLC**

**Johnnie Daniels MHIB-0301NH**  
93 Crownpoint  
Jackson, Mississippi 39211  
601-503-6019 MS License MHIB-0301HN

**HomeGauge**  
SERVICES

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1 Phase One Guideline

2 Grade, Drainage, Elevation and Footings

General Summary

Invoice

**535**

<b>Date</b> 7/27/2013	<b>Time</b> 09:41 AM	<b>Report ID</b> 13-109
<b>Property</b> 595 Barton Ferry Road West Point Ms	<b>Customer</b> Ms Sarah Jack	<b>Real Estate Professional</b>

**Comment Key or Definitions**

The following definitions of comment descriptions represent this inspection report. All comments by the inspector should be considered before purchasing this home. Any items listed in the report as "Not Inspected" or "Unfinished or Unsatisfactory" suggests to you to obtain a second opinion and or consult with your builder. All costs associated with further inspection fees in getting a second opinion, and any repair or replacement of item, component or unit should be considered before you purchase the property.

**Inspected (IN)** = I visually observed the item, component or unit and if no other comments were made then it appeared to be constructed or installed properly.

**Not Inspected (NI)** = I did not inspect this item, component or unit and made no representations of whether or not it was functioning as intended and will state a reason for not inspecting.

**Unfinished or Unsatisfactory (UN)** = The comment from the inspector will clearly state whether the construction or installation of item, component or unit is not complete or if it was not constructed or installed in a standard workmanlike practice.

**Type of building**  
Single Family (1 story)

**Style of Home**  
Contemporary

**Approximate age of building**  
New Construction

**Home Faces**  
East

**Temperature**  
Over 75

**Weather**  
Cloudy

**Ground/Soil surface condition**  
Damp

**Rain in last 3 days**  
Yes

## 1 Phase One Guideline

**Phase One** inspection comments depend upon when the inspector first arrived and where the progress was at that time

### 1 0 DESCRIBE THE STAGE OF COMPLETION

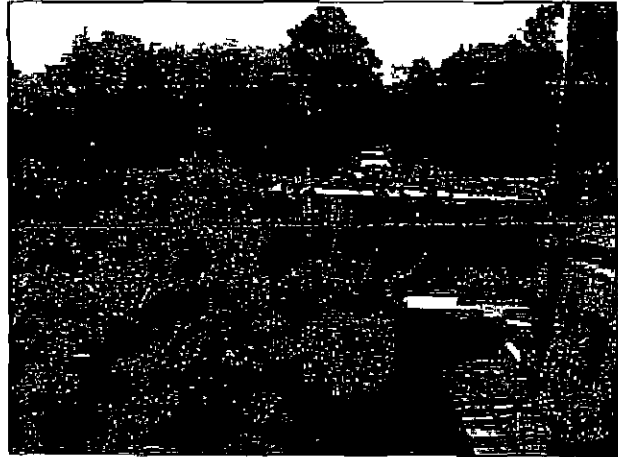
#### Comments

**1 0** Arrived on the property July 27 2013 for the foundation inspection and the footers and layout were in place The batter boards and strings used to guide the installation of footers are in place

The plumbing rough-in plumbing moisture barrier re-bars and construction wire were in place



1 0 Picture 1



1 0 Picture 2

This Guideline is intended to help the customer understand the limitations of this inspection. The time spent inspecting the progress of the construction limits the inspector to a visual inspection for workmanlike practices. It does not determine the conformity to the blueprints in regards to dimensions and locations. It cannot prevent shortcuts by sub-contractors that could occur in between inspections and in the absence of the builder. The inspector does not determine whether or not agreed selections of fixtures or materials were used.

# General Summary

Metro Home inspection, LLC

93 Crownpoint  
Jackson, Mississippi 39211  
601-503-6019 MS License MHIB-0301HN

**Customer**  
Ms Sarah Jack

**Address**  
595 Barton Ferry Road  
West Point Ms

The following items or discoveries indicate that these systems or components do not function as intended or adversely affects the habitability of the dwelling or appear to warrant further investigation by a specialist or requires subsequent observation. This summary shall not contain recommendations for routine upkeep of a system or component to keep it in proper functioning condition or recommendations to upgrade or enhance the function, efficiency, or safety of the home. This Summary is not the entire report. The complete report may include additional information of concern to the customer. It is recommended that the customer read the complete report.

## 1 Phase One Guideline

### 1 0 DESCRIBE THE STAGE OF COMPLETION

Arrived on the property July 27 2013 for the foundation inspection and the footers and layout were in place. The batter boards and strings used to guide the installation of footers are in place.

The plumbing rough-in plumbing moisture barrier re-bars and construction wire were in place.

## 2 Grade, Drainage, Elevation and Footings

### 2 0 ELEVATION AND GRADE

#### Inspected

The elevation and grade on the north side of the dwelling is vary high. The property line is close to the dwelling (lot size is small).

It is recommended that a retaining wall be installed at the north side of the dwelling.

Home inspectors are not required to report on the following: Life expectancy of any component or system; The causes of the need for a repair; The methods, materials, and costs of corrections; The suitability of the property for any specialized use; Compliance or non-compliance with codes, ordinances, statutes, regulatory requirements or restrictions; The market value of the property or its marketability; The advisability or inadvisability of purchase of the property; Any component or system that was not observed; The presence or absence of pests such as wood damaging organisms, rodents, or insects; or Cosmetic items, underground items, or items not permanently installed. Home inspectors are not required to: Offer warranties or guarantees of any kind; Calculate the strength, adequacy, or efficiency of any system or component; Enter any area or perform any procedure that may damage the property or its components or be dangerous to the home inspector or other persons; Operate any system or component that is shut down or otherwise inoperable; Operate any system or component that does not respond to normal operating controls; Disturb insulation, move personal items, panels, furniture, equipment, plant life, soil, snow, ice, or debris that obstructs access or visibility; Determine the presence or absence of any

<http://www.homegauge.com/report/2703354/FullReportForUploadorPrintWithPictures.html> 7/31/2013

## 2 Grade, Drainage, Elevation and Footings

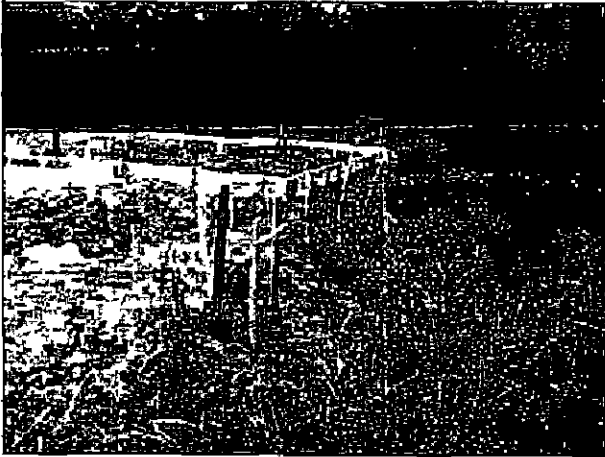
		IN	NI	UN
2 0	ELEVATION AND GRADE	X		
2 1	GRADE DRAINAGE	X		
2 2	FOOTINGS PREP	X		
2 3	SLAB PREP	X		

IN=Inspected NI=Not Inspected UN=Unfinished or Unsatisfactory

### Comments

2 0 The elevation and grade on the north side of the dwelling is vary high The property line is close to the dwelling (lot size is small)

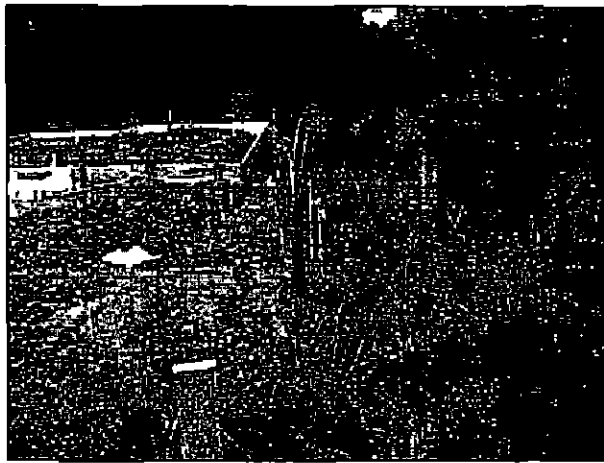
it is recommended that a retaining wall be installed at the north side of the dwelling



2 0 Picture 1



2 0 Picture 2



2 0 Picture 3

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suspected adverse environmental condition or hazardous substance including but not limited to mold, toxins, carcinogens, noise contaminants in the building or in soil water, and air; Determine the effectiveness of any system installed to control or remove suspected hazardous substances Predict future condition, including but not limited to failure of components, Since this report is provided for the specific benefit of the customer(s), secondary readers of this information should hire a licensed inspector to perform an inspection to meet their specific needs and to obtain current information concerning this property

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# INVOICE

Metro Home inspection, LLC  
93 Crownpoint  
Jackson, Mississippi 39211  
601-503-6019 MS License MHIB-0301HN  
Inspected By Johnnie Daniels

Inspection Date 8/21/2013  
Report ID 13-0109

Customer Info	Inspection Property
Ms Sarah Jack  Customer's Real Estate Professional	595 Barton Ferry Road West Point Ms

## Inspection Fee

Service	Price	Amount	Sub-Total
Heated Sq Ft 1300 to 2100 Sq Ft	400 00	1	400 00
			<b>Tax \$0 00</b>
			<b>Total Price \$400 00</b>

Payment Method Check

Payment Status Invoice Sent

Note Framing inspectopn approved August 27, 2013-----Inspection fee is \$400 00

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# Inspection Report

**Ms Sarah Jack**

**Property Address**  
595 Barton Ferry Road  
West Point Ms



**Metro Home inspection, LLC**

**Johnnie Daniels MHIB-0301NH**  
93 Crownpoint  
Jackson, Mississippi 39211  
601-503-6019 MS License MHIB-0301HN

**HomeGauge**  
SERVICES

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<u>3 Exterior</u>	<u>6</u>
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A

<b>Date</b> 8/21/2013	<b>Time</b> 09 41 AM	<b>Report ID</b> 13-0109
<b>Property</b> 595 Barton Ferry Road West Point Ms	<b>Customer</b> Ms Sarah Jack	<b>Real Estate Professional</b>

**Comment Key or Definitions**

The following definitions of comment descriptions represent this inspection report. All comments by the inspector should be considered before purchasing this home. Any items listed in the report as "Not Inspected" or "Unfinished or Unsatisfactory" suggests to you to obtain a second opinion and or consult with your builder. All costs associated with further inspection fees in getting a second opinion and any repair or replacement of item, component or unit should be considered before you purchase the property.

**Inspected (IN)** = I visually observed the item, component or unit and if no other comments were made then it appeared to be constructed or installed properly.

**Not Inspected (NI)** = I did not inspect this item, component or unit and made no representations of whether or not it was functioning as intended and will state a reason for not inspecting.

**Unfinished or Unsatisfactory (UN)** = The comment from the inspector will clearly state whether the construction or installation of item, component or unit is not complete or if it was not constructed or installed in a standard workmanlike practice.

<b>Type of building</b> Single Family (1 story)	<b>Style of Home</b> Contemporary	<b>Approximate age of building</b> New Construction
<b>Home Faces</b> East	<b>Temperature</b> Over 75	<b>Weather</b> Cloudy
<b>Ground/Soil surface condition</b> Damp	<b>Rain in last 3 days</b> Yes	

# 1 Foundation/Slab and Rough Framing

The Home Inspector shall observe structural components including foundations, floors, walls, columns or piers, ceilings and roof. The home inspector shall describe the type of Foundation, floor structure, wall structure, columns or piers, ceiling structure, roof structure. The home inspector shall Probe structural components where deterioration is suspected. Enter under floor crawl spaces, basements, and attic spaces except when access is obstructed, when entry could damage the property, or when dangerous or adverse situations are suspected. Report the methods used to observe under floor crawl spaces and attics, and Report signs of abnormal or harmful water penetration into the building or signs of abnormal or harmful condensation on building components. The home inspector is not required to Enter any area or perform any procedure that may damage the property or its components or be dangerous to or adversely effect the health of the home inspector or other persons.

		IN	NI	UN	Styles & Materials
1 0	FOUNDATIONS, BASEMENTS AND CRAWLSPACES AND DRAINAGE	X			Foundation Poured concrete
1 1	SLAB SURFACE AND WORKMANSHIP	X			Floor Structure Slab
1 2	WATER PROOFING OF FOUNDATION WALLS BELOW GRADE	X			Wall Structure
1 3	WALLS (Structural)	X			2 X 4 Wood
1 4	COLUMNS OR PIERS	X			Columns or Piers Steel screw jacks
1 5	FLOORS (Structural)	X			Ceiling Structure 2X4
1 6	CEILINGS (structural)	X			
1 7	ROOF STRUCTURE AND ATTIC	X			

IN NI UN

IN=Inspected NI=Not Inspected UN=Unfinished or Unsatisfactory

- 2X6
- 2X8
- 2X10
- Roof Structure
- Stick built
- 2 X 6 Rafters
- Lateral bracing
- Common board
- Sheathing
- Roof Type
- Gable
- Method used to observe attic
- From entry
- Walked
- Attic info
- Attic access

The structure of the home was inspected and reported on with the above information. While the inspector makes every effort to find all areas of concern, some areas can go unnoticed. Please be aware that the inspector has your best interest in mind. Any repair items mentioned in this report should be considered before purchase. It is recommended that qualified contractors be used in your further inspection or repair issues as it relates to the comments in this inspection report.

## 2 Roofing

The home inspector shall observe Roof covering Roof drainage systems Flashings Skylights chimneys and roof penetrations and Signs of leaks or abnormal condensation on building components The home inspector shall Describe the type of roof covering materials and Report the methods used to observe the roofing The home inspector is not required to Walk on the roofing or Observe attached accessories including but not limited to solar systems antennae and lightning arrestors

		IN	NI	UN	Styles & Materials
2.0	ROOF COVERINGS	X			Roof Covering
2.1	FLASHINGS	X			Architectural Asphalt/Fiberglass
2.2	SKYLIGHTS CHIMNEYS AND ROOF PENETRATIONS	X			Viewed roof covering from
2.3	ROOFING DRAINAGE SYSTEMS	X			Ground

IN NI UN

IN=Inspected NI=Not Inspected UN=Unfinished or Unsatisfactory

The roof of the home was inspected and reported on with the above information While the inspector makes every effort to find all areas of concern some areas can go unnoticed Roof coverings and skylights can appear to be leak proof during inspection and weather conditions Our inspection makes an attempt to find a leak but sometimes cannot Please be aware that the inspector has your best interest in mind Any repair items mentioned in this report should be considered before purchase It is recommended that qualified contractors be used in your further inspection or repair issues as it relates to the comments in this inspection report

### 3 Exterior

The home inspector shall observe Wall cladding flashings and trim Entryway doors and a representative number of windows Garage door operators Decks balconies stoops steps areaways porches and applicable railings Eaves soffits and fascias and Vegetation grading drainage driveways patios walkways and retaining walls with respect to their effect on the condition of the building The home inspector shall Describe wall cladding materials Operate all entryway doors and a representative number of windows Operate garage doors manually or by using permanently installed controls for any garage door operator Report whether or not any garage door operator will automatically reverse or stop when meeting reasonable resistance during closing and Probe exterior wood components where deterioration is suspected The home inspector is not required to observe Storm windows storm doors screening shutters awnings and similar seasonal accessories Fences Presence of safety glazing in doors and windows Garage door operator remote control transmitters Geological conditions Soil conditions Recreational facilities (including spas saunas steam baths swimming pools tennis courts playground equipment and other exercise entertainment or athletic facilities) Detached buildings or structures or Presence or condition of buried fuel storage tanks The home inspector is not required to Move personal items panels furniture equipment plant life soil snow ice or debris that obstructs access or visibility

		IN	NI	UN	Styles & Materials
3 0	WALL CLADDING FLASHING AND TRIM	X			Siding Style Lap
3 1	DOORS (Exterior)	X			Siding Material Vinyl
3 2	WINDOWS	X			Exterior Entry Doors Steel
3 3	DECKS BALCONIES STOOPS STEPS AREAWAYS PORCHES PATIO/ COVER AND APPLICABLE RAILINGS	X			
3 4	VEGETATION GRADING DRAINAGE DRIVEWAYS PATIO FLOOR WALKWAYS AND RETAINING WALLS (With respect to their effect on the condition of the building)	X			
3 5	EAVES SOFFITS AND FASCIAS	X			

IN NI UN

IN=Inspected NI=Not Inspected UN=Unfinished or Unsatisfactory

#### Comments

3 4 The retaining wall is needed on the north side of dwelling (erosion signs are present)

This problem will continue because the lot is small



3 4 Picture 1



3 4 Picture 2

The exterior of the home was inspected and reported on with the above information While the inspector makes every effort to find all areas of concern some areas can go unnoticed Please be aware that the inspector has your best interest in mind Any repair items mentioned in this report should be considered before purchase It is recommended that qualified contractors be used in your further inspection or repair issues as it relates to the comments in this inspection report

Prepared Using HomeGauge <http://www.HomeGauge.com> Licensed To Metro Home Inspection LLC

# General Summary

Metro Home inspection, LLC

93 Crownpoint  
Jackson, Mississippi 39211  
601-503-6019 MS License Mhib-0301HN

Customer  
Ms Sarah Jack

Address  
595 Barton Ferry Road  
West Point Ms

The foundation inspection approved August 21 2013

## Approved

Inspector Johnnie Daniels \_\_\_\_\_ Date August 21, 2013

### 3. Exterior

3.4 VEGETATION, GRADING DRAINAGE, DRIVEWAYS, PATIO FLOOR, WALKWAYS AND RETAINING WALLS  
(With respect to their effect on the condition of the building)

#### Inspected

The retaining wall is needed on the north side of dwelling (erosion signs are present)

This problem will continue because the lot is small

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NO \_\_\_\_\_

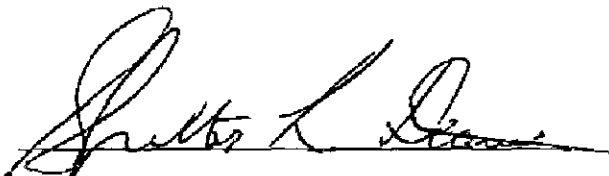
**IN THE MATTER OF APPROVING THE SOFTWARE AGREEMENT WITH  
DATA SYSTEMS MANAGEMENT INC FOR THE YEAR 2013 – 2014**

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There came on this day for consideration the matter of approving the software agreement with Data Systems Management Inc for the year 2013 – 2014

After motion by Luke Lummus and second by R B Davis this Board doth vote unanimously to approve the said software support agreement as attached hereto as Exhibit A

SO ORDERED this the 27<sup>th</sup> day of August, 2013



President

# Data Systems Management, Inc.

Glen Davis  
President

August 19, 2013

Amy Berry  
Clay County  
Post Office Box 815  
West Point, MS 39773

RE Software Support Agreement

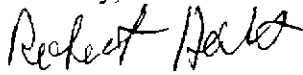
Dear Amy

Enclosed is a Monthly CDMS Software Support Agreement for Clay County. The applicable software for each office is listed on Schedule A. This Agreement will go into effect on October 1, 2013, and will remain in effect until September 30, 2014.

If you would like to place the items listed under support, please complete the Acceptance Section below and the Acknowledgment Section on the Agreement and return a completed copy of this letter and the Agreement to me by mail.

Customers under support will receive priority response and scheduling. Customers not under support will be provided assistance on a fee basis according to the attached Fee Schedule. If you have any questions, please feel free to call me at (662)-329-1222 Ext 5.

Sincerely,

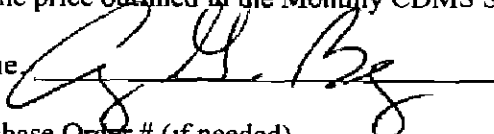


Robert Holt  
Division Manager

RH aw  
enc

## ACCEPTANCE SECTION

I would like to place the listed software (see Schedule A) under monthly support with Data Systems Management, Inc., for the price outlined in the Monthly CDMS Software Support Agreement.

Name 

Phone 494-3124

Purchase Order # (if needed) \_\_\_\_\_

Date 8/27/13

550



P O Box 1348, Columbus, MS 39703 \* (662) 329-1222  
1505 Business Park Drive, Clinton, MS 39056 \* (601) 925-6257  
Columbus Fax (662) 329-1468 \* Clinton Fax (601) 925-2223





**CDMS APPLICATION SOFTWARE SUPPORT AGREEMENT  
FOR Clay County**

The following agreement pertains to the installed CDMS Software as identified by Clay County on attached Schedule A. This agreement is effective October 1, 2013 – September 30, 2014. The payment is due at the first of each month. The following items and their related charges are covered by this agreement:

- 1 All programming to DSM installed software, as a result of Normal State Agency Mandated Changes, governed by law and with which the local government has to comply, will be completed at no charge. Installation will be charged at \$125.00 per hour plus, if required to be on-site, travel time and any out of pocket expenses.
- 2 Prescribed changes, recommended by the State, but not mandated, are not covered by the software support agreement and will be provided on a fee basis determined by DSM, Inc.
- 3 Software enhancements and/or upgrades that we offer to the existing software will be at no charge. Installation will be charged at \$125.00 per hour plus, if required to be on-site, travel time and any out of pocket expenses.
- 4 A discount on group training classes will be offered. Contact DSM for pricing.
- 5 Marketing consultation in the areas of purchasing hardware and non-CDMS software will be provided at no charge. Assistance with hardware problems will be provided on a fee basis as set forth in the attached Data System's Management, Inc. Fee Schedule Addendum "A".
- 6 On an "as needed" basis, DSM will perform disk maintenance and file storage "clean up" to maximize available space at no charge.
- 7 CDMS application software program integrity is the responsibility of DSM. Errors which are a result of a DSM application software program malfunction will be corrected in order for the software to operate as it was designed at no charge.
- 8 Data file integrity is the responsibility of the client. Errors which result in incorrect data will be corrected by the client, if corrected by DSM, the client will be billed per the attached fee schedule.
- 9 An off-site copy of client's software & client selected data files will be kept in our office (non-vault condition). Client must provide a monthly backup to DSM. Routine backup procedures must be monitored by the client in order to help maintain system integrity.
- 10 Requested services not covered under this agreement will be billed per the attached fee schedule.
- 11 Data Systems Management shall have the right from time to time during reasonable business hours to enter upon any premises where any of the Programs may be located, for the purpose of confirming the existence, condition, and the proper maintenance of the Programs. The foregoing rights of entry are subject to any applicable governmental security laws, regulations, and rules.

**CDMS APPLICATION SOFTWARE SUPPORT AGREEMENT  
FOR Clay County**

Continued

- 12 If client defaults on payment of this support agreement, DSM reserves the right to use the attached fee schedule of prices listed under "without support" to any services provided beyond the default date
- 13 The client has the right to cancel at any time with the stipulation that any further services will be billed according to the attached fee schedule of prices listed under "without support"

---

**ACKNOWLEDGMENT SECTION**

I choose the following item

Software Support - P O # \_\_\_\_\_ or Minute Book / Date / Page BK 141 | 8/29/13

No Software Support - I understand that without a software support agreement our agency will be billed according to the attached fee schedule for software services and that our current support, if any, will be terminated on October 1, 2013

Signed [Signature]  
Title Chancery Clerk

Date 8/27/13

Schedule A

CLAY COUNTY  
MONTHLY SUPPORT FEE  
October 1, 2013 - September 30, 2014

<b>CHANCERY OFFICE</b>		<b>\$ 590 00</b>
Financial Applications		
Accounts Payable		
General Ledger		
Payroll		
Purchase Orders		
Fixed Assets		
PERS		
Land Redemption		
Land Redemption Settlement Checks		
GASB Financial		
<b>CIRCUIT OFFICE</b>		<b>\$ 25 00</b>
Marriage License	<b>\$ 25 00</b>	
Judgement Roll	<b>(NO SUPPORT)</b>	
Voter Registration	<b>(NO SUPPORT)</b>	
<b>TAX OFFICE</b>		<b>\$ 605 00</b>
Mobile Homes		
Motor Vehicle		
Personal Property Appraisal		
Real Property Appraisal		
Tax Assessment / Collections		
Public Utilities		
Sales Ratio / Index Study		
Miscellaneous Receipts		
Cash Journal		
Privilege License		
<b>JUSTICE COURT</b>		<b>\$ 300 00</b>
Bonds		
Bookkeeping		
Civil		
Criminal		
E-Citation		
<b>TOTAL MONTHLY SUPPORT</b>		<b>\$ 1520 00</b>

**DATA SYSTEMS MANAGEMENT, INC**  
**FEE SCHEDULE**  
**October 1, 2013 - September 30, 2014**

**Addendum A**

**Prices with Signed Software Support Agreement**

1	Custom Programming	\$ 125 00 **
2	Data Correction	\$ 125 00
3	Hardware Assistance	\$ 125 00
4	Training	\$ 125 00
5	Travel Time	\$ 40 00
6	Telephone/Communication Line	\$ 50/minute *

**Prices without Signed Software Support Agreement**

1	Custom Programming	\$ 180 00 **
2	Data Correction	\$ 180 00
3	Hardware Assistance	\$ 180 00
4	Training	\$ 180 00
5	Travel Time	\$ 75 00
6	Telephone/Communication Line	\$ 1 00/minute *
7	Storage for Monthly Backup	\$ 20 00/month

\* This is in addition to personnel's hourly rate

\*\* All programming services are a minimum of two hours

**Note** All travel will be charged an out of pocket expense fee for mileage of 59 per mile

NO \_\_\_\_\_

**IN THE MATTER OF APPROVING ADVERTISING RESOURCES TO APPEAR IN  
THE COMMUNITY EXPRESSIONS MAGAZINE**

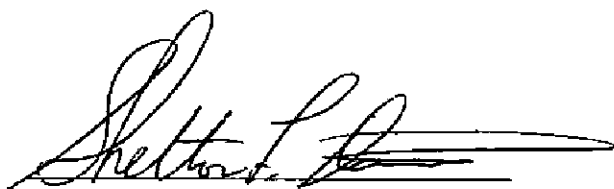
---

There came on this day for consideration the matter of approving advertising resources to appear in the Community Expressions Magazine

It appears as attached hereto as Exhibit A is the request as received from Sheena Baker of Community Expressions, a local magazine, requesting this Board to purchase an add promoting Clay County

After motion by Lynn Horton and second by Luke Lummus this Board doth vote unanimously to purchase a quarter page add (1/4 page) for \$250 00 as outlined in the information attached hereto as Exhibit A

SO ORDERED this the 27<sup>th</sup> day of August, 2013



President

# Community Expressions

## Advertising Information

*All advertisements are printed in color!*

Ad Sizes	One Issue	Three Issues	Six Issues	10 Issues
Full Page	\$525	\$500/issue	\$475/issue	\$450/issue
Half Page	\$400	\$375/issue	\$350/issue	\$325/issue
1/4 Page	\$275	\$250/issue	\$225/issue	\$200/issue
1/8 Page	\$150	\$125/issue	\$100/issue	\$75/issue
Back Cover	\$625			

**Churches and charitable organizations take \$20 off!**

Community Expressions Magazine is distributed in northeast Mississippi allowing you to reach thousands of people! Call us today!

To advertise or for more info call 662-202-8358 or e-mail [communityexpressionsmag@gmail.com](mailto:communityexpressionsmag@gmail.com)

**Thank you and God bless you!**

# *Grenada, Mississippi*

## *2011*



Publication of

**GrenadaStar**

GrenadaStar.com

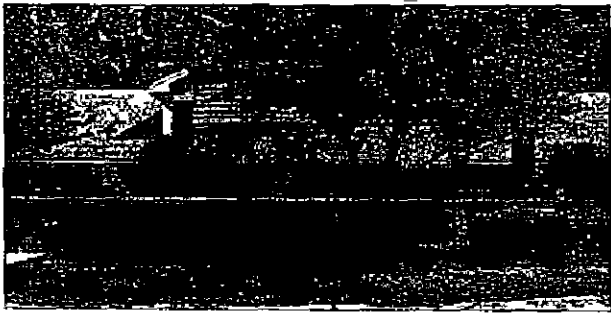


Carnival rides and the annual Children's Fishing Rodeo make sure young visitors also enjoy the annual Thunder on Water Festival

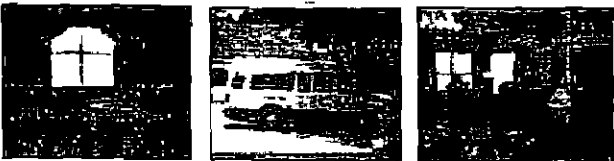


## Quality Senior Living

at a price you can afford!



Call to schedule your complimentary lunch and tour today  
Conveniently located near Grenada Lake Medical Center



**Providence**  
ASSISTED LIVING  
Graceland of Grenada

Debbie P. Mitchell Director  
www.providenceassistedliving.com dmitchel@providenceassistedliving.com 1855 Hill Drive Grenada  
Cell 662-417-1482 Office 662-226-8596 Fax 662-229-0556

## Quality Glass at Unbeatable Prices!!

Need A Locksmith? Call Us.

Windows, Mirrors, Windshields, etc



Joe Tune Jessie Rokasky Sharon Webb Shawn Boatman Daryl Rokasky Alan Tune

Experience Counts! We have a combined 118 years experience!  
Insurance Accepted

## Tune's Glass Service

1525 Fairground Road • Grenada, MS



226-6690





NO \_\_\_\_\_

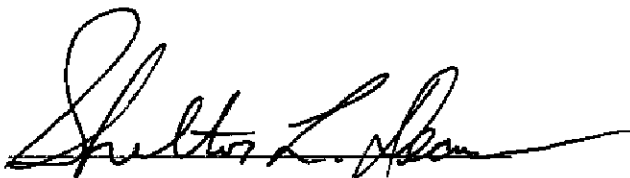
**IN THE MATTER OF APPROVING AND AUTHORIZING THE PRESIDENT TO  
EXECUTE THE QUARTERLY PROGRESS REPORT FOR THE E911 ARC GRANT**

---

There came on this day for consideration the matter of approving and authorizing the President to execute the quarterly progress report for the E911 ARC Grant

After motion by Lynn Horton and second by R. B. Davis this Board doth vote unanimously to approve and authorize the President to Execute the quarterly progress report as attached hereto as Exhibit A for the E911 ARC Grant

SO ORDERED this the 27<sup>th</sup> day of August, 2013

A handwritten signature in black ink, appearing to read "Sheltor L. Adams". The signature is written in a cursive, flowing style with a long horizontal stroke at the end.

President

GOLDEN TRIANGLE  
Planning and Development District

Post Office Box #28      •      Starkville MS 39760 0828      Telephone (601) 324-7560      FAX (601) 324-7560  
Cecil Hamilton      Robert E. Boykin      Jimmie Oliver      Rupert L. "Rudy" Johnson  
President      Vice President      Secretary/Treasurer      Executive Director

July 01, 2013

Mr. Mark Defalco  
ARC Project Coordinator  
Appalachian Regional Commission  
1666 Connecticut Avenue, NW  
Suite 700  
Washington, DC 20009-1068

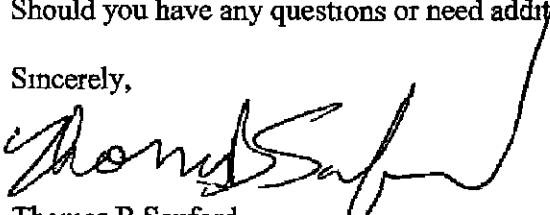
RE: ARC Project Clay County E-911 Addressing System  
Project Number MS-16788-2010

Dear Mr. Defalco,

On behalf of the Clay County Board of Supervisors, please find enclosed the Quarterly Progress Report for the period of February 28, 2013 through June 30, 2013.

Should you have any questions or need additional information, please contact this office.

Sincerely,

  
Thomas B. Sanford  
Project Manager

Enclosures

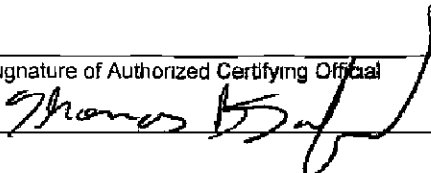
Copy: Mike Armour

560

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## ARC PERFORMANCE PROGRESS REPORT

		Page	of Pages
1 Federal Agency and Organization Element to Which Report is Submitted Appalachian Regional Commission		2 ARC Grant Number MS-16788 2010	
		3a DUNS Number 079117719	
		3b EIN 64 6000252	
4 Recipient Organization (Name and complete address including zip code) Clay County Board of Supervisors PO Box 815 West Point Mississippi 39773-0815		5 Recipient's Identifying Number or Account Number	
6 Project/Grant Period Start Date (Month Day Year)   End Date (Month Day Year)		7 Reporting Period Dates (Month Day Year)	
October 1 2010   Extended to 8/31/2013		2/28/2013 - 6/30/2013	
		8 Final Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		9 Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi annual <input checked="" type="checkbox"/> 120 day <input type="checkbox"/> other (If other describe _____)	
10 Performance Narrative (attach as separate file per instructions found in Section IX-Grant Administration Manual)			
11 Other Attachments (attach other documents as needed or as instructed by the ARC project coordinator)			
12 Certification I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents			
12a Typed or Printed Name and Title of Authorized Certifying Official Thomas B Sanford Project Manager		12c Telephone (area code number and extension) (662) 324 7860 Ext 1145	
		12d Email Address tsanford@gtpdd.com	
12b Signature of Authorized Certifying Official 		12e Date Report Submitted (Month Day Year) 7/1/2013	

561

**Eighth Quarter Progress Report (120 Days)**

Clay County E-911 Addressing System

**Clay County Board Of Supervisors  
PO Box 815  
West Point, Mississippi 39773-0815**

ARC Project Number MS-16788-2010

**October 1, 2010 – March 31, 2012  
Extended August 31, 2012  
Extended February 28, 2013  
Extended August 31, 2013**

**July 01, 2013**

**Project Director  
George H Crawford III**

**Project Manager  
Thomas B Sanford**

**Golden Triangle Planning and Development District, Inc  
(662) 324-7860**

## Eighth Quarter Progress Report Narrative

Name of Project Clay County E-911 Addressing System  
ARC Project Number MS-16788-2010  
Grant Period October 1, 2010 – March 31, 2011, Extended August 31, 2013  
Grantee Name Clay County Board of Supervisors  
Project Director George H Crawford III  
Project Manager Thomas B Sanford  
ARC Grant Amount \$200,000 00

### Activities Eighth Quarter

Clay County entered into a contract with the Golden Triangle Planning and Development District (GTPDD) totaling \$250,000 (ARC- \$200,000, Local \$50,000) to develop an E-911 addressing system to locate each structure within the county to its true location for use in emergency response situations. During the Eighth quarter of the project, GTPDD continued by finishing the street centerlines for Clay County using the 2006 Mississippi state flown color aerial photography. The centerlines are created and checked, ranges were applied to the segments of the digital street data using the E-911 national standard. Field mapping of the county has been completed, logging the county's inventory of houses with state-of-the-art GPS and data logger. Each mapped structure was assigned attribute values of house type and if it is a residence or business. A photo was taken of each structure and linked to the logged point. The majority of the Eighth Quarter was dedicated to identifying all old addresses and the corresponding structure that the address was linked to. This is being done to ensure that all existing addresses in the county receive a new address notification by mail. A component of the countywide field mapping includes characterizing road/street length and surface characteristics for an accurate county road map.

There are no problems or significant obstacles to report at this time.

### Next Quarter Activities Scheduled

In an effort to fulfill the requirements of the contract with the Clay County Board of Supervisors, Golden Triangle Planning and Development District staff proposes to continue the activities of the previous quarter. Specific activities include to "field map" the county, identifying all structures, road length and road type values (paved or gravel). Upon completion of this phase of the E-911 mapping process, the existing physical address of each structure will be verified and a new address assigned. The United States Post Office will be updated with a list of new addresses linked to the old address in order to simplify the transition from the "old" to the "new" address. In addition, each phone number attached to an "old" physical address will be updated with the "new" physical address.

Using state-of-the-art technologies while following the national standards for addressing, it is anticipated that the project will be completed within the extended contract period.

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>  <i>(See instructions on back)</i>	OMB APPROVAL NO <b>0348-0004</b>		PAGE <b>1</b>	OF <b>2</b>
	1 TYPE OF PAYMENT REQUESTED a "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2 BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	

3 FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED  <b>Appalachian Regional Commission</b>	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY  <b>MS-16788-2010</b>	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
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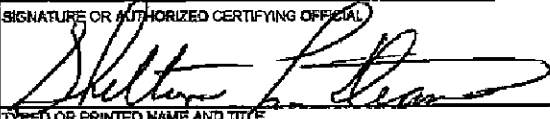
6 EMPLOYER IDENTIFICATION NUMBER  <b>64-6000252</b>	7 RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8 PERIOD COVERED BY THIS REQUEST FROM (month day year)    TO (month day year) <b>February 28 2013    June 30 2013</b>	
---	--	---	--

9 RECIPIENT ORGANIZATION  <b>Name Clay County Board of Supervisors</b>  <b>Number and Street PO Box 815</b>  <b>City State and ZIP Code West Point Mississippi 39773-0815</b>	10 PAYEE (Where check is to be sent if different than item 9)  <b>Name Golden Triangle Planning and Development District Inc</b>  <b>Number and Street PO Box 828</b>  <b>City State and ZIP Code Starkville MS 39760-0828</b>
---	--

11 COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a Total program outlays to date (As of date)	\$ 150,000 00	\$ 37,500 00		\$ 187,500 00
b Less Cumulative program income				0 00
c Net program outlays (Line a minus line b)	150,000 00	37,500 00	0 00	187,500 00
d Estimated net cash outlays for advance period				0 00
e Total (Sum of lines c & d)	150,000 00	37,500 00	0 00	187,500 00
f Non-Federal share of amount on line e				0 00
g Federal share of amount on line e	150,000 00			150,000 00
h Federal payments previously requested	150,000 00			150,000 00
i Federal share now requested (Line g minus line h)	0 00	0 00	0 00	0 00
j Advances required by month when requested by Federal grantor agency for use in making prescheduled advances	1st month			0 00
	2nd month			0 00
	3rd month			0 00

12 ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a Estimated Federal cash outlays that will be made during period covered by the advance	\$
b Less Estimated balance of Federal cash on hand as of beginning of advance period	
c Amount requested (Line a minus line b)	\$ 0 00

## CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL 	DATE REQUEST SUBMITTED July 1 2013
	TYPED OR PRINTED NAME AND TITLE Shelton Deanes, President BOS	TELEPHONE (AREA CODE NUMBER EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response including time for reviewing instructions searching existing data sources gathering and maintaining the data needed and completing and reviewing the collection of information Send comments regarding the burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to the Office of Management and Budget Paperwork Reduction Project (0348-0004) Washington DC 20503

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY**

## INSTRUCTIONS

Please type or print legibly Items 1 3 5 9 10 11e 11f 11g 11i 12 and 13 are self-explanatory specific instructions for other items are as follows

Item	Entry	Item	Entry
2	Indicate whether request is prepared on cash or accrued expenditure basis All requests for advances shall be prepared on a cash basis		activity If additional columns are needed use as many additional forms as needed and indicate page number in space provided in upper right however the summary totals of all programs functions or activities should be shown in the 'total' column on the first page
4	Enter the Federal grant number or other identifying number assigned by the Federal sponsoring agency If the advance or reimbursement is for more than one grant or other agreement insert N/A then show the aggregate amounts On a separate sheet list each grant or agreement number and the Federal share of outlays made against the grant or agreement	11a	Enter in as of date the month day and year of the ending of the accounting period to which this amount applies Enter program outlays to date (net of refunds rebates and discounts) in the appropriate columns For requests prepared on a cash basis outlays are the sum of actual cash disbursements for goods and services the amount of indirect expenses charged the value of in-kind contributions applied and the amount of cash advances and payments made to subcontractors and subrecipients For requests prepared on an accrued expenditure basis outlays are the sum of the actual cash disbursements the amount of indirect expenses incurred and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees contracts subgrantees and other payees
6	Enter the employer identification number assigned by the U S Internal Revenue Service or the FICE (institution) code if requested by the Federal agency	11b	Enter the cumulative cash income received to date if requests are prepared on a cash basis For requests prepared on an accrued expenditure basis enter the cumulative income earned to date Under either basis enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient	11d	Only when making requests for advance payments enter the total estimated amount of cash outlays that will be made during the period covered by the advance
8	Enter the month day and year for the beginning and ending of the period covered in this request if the request is for an advance or for both an advance and reimbursement show the period that the advance will cover If the request is for reimbursement show the period for which the reimbursement is requested	13	Complete the certification before submitting this request
Note	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12 but not both Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports		
11	The purpose of the vertical columns (a) (b) and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program function or		

STANDARD FORM 270 (Rev 7 97) Back



APPALACHIAN  
REGIONAL  
COMMISSION

## Reimbursement Request Worksheet

Project Title Clay County E 911 Addressing System

ARC Project No MS-16788-2010

Dates of this reporting period  
From February 28, 2013 To June 30, 2013

BUDGET CATEGORY	ARC (Federal) Share			Matching (non-Federal) Funds			Total Program Outlays		
	Project Budget*	Current Period**	YTD***	Project Budget*	Current Period**	YTD***	Project Budget*	Current Period**	YTD***
Personnel							\$ -	\$ -	\$ -
Benefits							\$ -	\$ -	\$ -
Travel							\$ -	\$ -	\$ -
Equipment							\$ -	\$ -	\$ -
Supplies							\$ -	\$ -	\$ -
Contractual	\$ 200 000 00		\$ 150 000 00	\$ 50 000 00		\$ 37 500 00	\$ 250 000 00	\$ -	\$ 187 500 00
Other							\$ -	\$ -	\$ -
<b>Total Direct</b>	<b>\$ 200 000 00</b>	<b>\$ -</b>	<b>\$ 150 000 00</b>	<b>\$ 50 000 00</b>	<b>\$ -</b>	<b>\$ 37 500 00</b>	<b>\$ 250 000 00</b>	<b>\$ -</b>	<b>\$ 187 500 00</b>
Indirect costs							\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ 200,000 00</b>	<b>\$ -</b>	<b>\$ 150,000 00</b>	<b>\$ 50,000 00</b>	<b>\$ -</b>	<b>\$ 37,500 00</b>	<b>\$ 250,000 00</b>	<b>\$ -</b>	<b>\$ 187,500 00</b>

\* Figures from 'Project Budget' column should be taken from the most recently approved project budget

\*\* Amount shown in the "Current Period" column should reflect costs incurred only during the current reporting period. This usually covers four months.

\*\*\* Amount shown in the "YTD" column is the total cost of this line item from the start of the project through the end of the current reporting period.

NOTE: Indirect cost rates are approved by the grantee's cognizant Federal agency as described in OMB Circular A 87 and others. To claim reimbursement for indirect costs, they must be included as a line item in the most recently-approved ARC budget.

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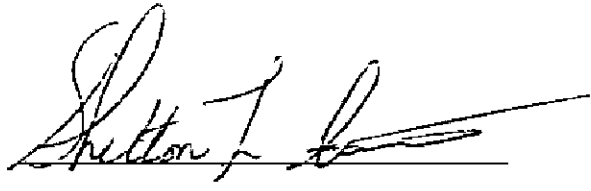


NO \_\_\_\_\_

**IN THE MATTER OF RECESSING**

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There came on this day for consideration the matter of recessing  
After motion by Luke Lummus and second by R B Davis this Board doth vote  
unanimously to recess until August 28, 2013 at 9 00 a.m  
SO ORDERED this the 27<sup>th</sup> day of August, 2013



President

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568

**INTENTIONALLY  
BLANK  
LEFT**