The Board met **May 24, 2004**, pursuant to recess taken on May 3, 2004, in the meeting room for the Board of Supervisors in the First Judicial District Courthouse in Gulfport, Harrison County, Mississippi. All supervisors were present.

Eric Aschaffengurg, Humane Society of South Mississippi appeared before the Board to discuss funding for the construction of a new animal shelter.

After full discussion, Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER APPROPRIATING \$100,000.00 A YEAR FOR THREE YEARS BEGINNING 10/01/04

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY APPROPRIATE \$100,000.00 a year for three years beginning 10/01/04.

Supervisor LARRY BENEFIELD seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

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Richard Herrin, Code Administrator appeared before the Board to discuss property owned by the Estate of Leroy Marroy located on Long Ridge Road, Long Beach, Mississippi, Parcel #0610M-04-015.000, to determine whether or not Harrison County should clean the property and assess the cost to the property owner. This matter had been continued from the May 10, 2004 Board meeting.

After full discussion Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER AUTHORIZING THE COUNTY TO PROCEED WITH CLEANING PROPERTY AND ASSESS COST TO PROPERTY OWNER

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY AUTHORIZE the County to proceed with cleaning property and assess cost to property owner.

Supervisor **MARLIN R. LADNER** seconded the motion to adopt the above and foregoing order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN R. LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M. ROCKCO voted | AYE |

The motion having received the affirmative vote from the majority of the

supervisors present, the president declared the motion carried and the order adopted.

THIS the 24th day of May 2004.

* * *

Richard Herrin, Code Administrator was directed to begin process on Shuttlemore property that has been vacant since 1998.

Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER APPROVING TRAVEL, AS LISTED

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE travel, as listed:

The Tax Assessor and three deputies to attend the IAAO's 70th Annual International

Conference on Assessment Administration in Boston, Massachusetts, August 29 to September

1, 2004 at an estimated amount of \$5957.68.

Supervisor WILLIAM M. MARTIN seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

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present, the President then declared the motion carried and the Order adopted.

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THIS, the 24th day of May 2004.

Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER CHANGING HENSAL LÄNE TO COASTAL PARKWAY LOCATED IN SECTION 6, TOWNSHIP 7 SOUTH, RANGE 11 WEST IN SUPERVISOR'S VOTING DISTRICT 2, AS RECOMMENDED BY DANIEL BOUDREAUX, COUNTY ENGINEER

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY CHANGE Hensal Lane to Coastal Parkway located in Section 6, Township 7 South, Range 11 West in Supervisor's Voting District 2, as recommended by Daniel Boudreaux, County Engineer.

Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER AUTHORIZING CORRECTION OF SCRIVENER'S ERROR BY ADDING STANDARD SETBACKS TO HILLBROOKE SUBDIVISION FINAL PLAT, ADOPTED JANUARY 27, 1999, 25-FOOT FRONT YARD, 8-FOOT SIDE YARDS, 8-FOOT REAR YARD AND 25-FOOT SETBACK FOR CORNER LOTS

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY AUTHORIZE correction of scrivener's error by adding standard setbacks to

Hillbrooke Subdivision final plat, adopted January 27, 1999, 25-foot front yard, 8-foot side

yards, 8-foot rear yard and 25-foot setback for corner lots.

Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYĘ |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* *

Supervisor WILLIAM W. MARTIN moved the adoption of the

following Order:

AN ORDER OF THE HARRISON COUNTY BOARD OF SUPERVISORS APPROVING THE EXTENSION OF THE WARRANTY ON MAGNOLIA CREEK ESTATES, INC., FROM MAY 28, 2004, UNTIL MAY 28, 2005, AND FOR RELATED PURPOSES.

WHEREAS, the Harrison County Board of Supervisors ("the Board") finds that the developer of Magnolia Creek Estates, Inc., has not completed all requirements for the subdivision; and

WHEREAS, the developer has agreed to extend his Completion Warranty until May 28, 2005; and

WHEREAS, the developer has posted with the Board an Irrevocable Letter of Credit from BancorpSouth, evidencing its irrevocable Letter of Credit in Favor of Harrison County, in the amount of \$5,000 to insure the completion of the subdivision by the developer; and -

WHEREAS, the Board finds that it should accept the Irrevocable Letter of Credit and Extension of the Warranty on Magnolia Creek Estates, Inc. until May 28, 2005; and

WHEREAS, a copy of the trremovable Letter of Credit from BancorpScuth, dated May 28, 2004, is attached as <u>Exhibit A</u>.

NOW THEREFORE, BE IT ORDERED,

SECTION I. Upon the adoption of this Order, the Board hereby accepts the extension of the Warranty by the developer on Magnolia

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Creek Estates, Inc. for a period of one (1) year until May 28, 2005.

SECTION II. That the Board does hereby accept the Irrevocable Letter of Credit from BancorpSouth, dated May 28, 2004, extending the Letter of Credit on the subdivision until May 28, 2005.

Supervisor MARLIN R. LADNER seconded the Motion to adopt the above and foregoing Order whereupon the President put the question to a vote with the following results:

| Supervisor BOBBY ELEUTE | RIUS voted, | AYE, |
|-------------------------|-------------|------|
| Supervisor MARLIN LADNE | R voted, | AYE, |
| Supervisor LARRY BENEFI | ELD voted, | AYE, |
| Supervisor CONNIE ROCKC | o voted, | AYE, |
| Supervisor William MAR1 | IN voted, | AYE, |

The majority of the members present having voted in the affirmative, the Prosident then declared the Motion carried and the Order adopted on this the 25th day of May, 2004.

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

20. 2004.210:02AM12288HARRISON COUNTY

BANK OF MS

NO. 994 P. LE 02



May 28, 2004

LOC#228000157600

To: Harrison County Board of Supervisors P.O. Drawer CC Gulfport, MS 39503

Re: Magnolia Creek Estates, Inc. 12100 Highway 49 Gulfport, MS 39503

Dear Sir or Madam:

We have established this Irrevocable Letter of Credit in your favor as beneficiary for drawing up to US \$5,000.00 (Five Thousand Dollars and no/100) effective immediately and explining at our above office with our close of business on May 28, 2005 unless extended as hereinafter provided.

We hereby undertake to promptly honor your sight draft drawn on us with the exception stated below, indicating our Letter of Credit number 228000157600 for all or any part of this letter of credit, if presented to us at our above office on or before the expiring date or any automatically extended time.

The term "Beneficiary" as used in this Letter of Credit means the beneficiary named in this Letter of Credit and any person who succeeds to substantially all of the rights of such beneficiary by operation of law.

Except as expressly stated herein, this undertaking is not subject to any agreement, requirement or qualification. The obligation of BancorpSouth under this Credit is the individual obligation of BancorpSouth and is in no way contingent upon reimbursement with respect thereto.

Should you have occasion to communicate with us regarding this Letter of Credit, kindly direct your communication to the attention of our Letter of Credit Department, making specific references to our Letter of Credit No. 228000157600.

Except as otherwise provided in this Letter of Credit, this Letter of Credit is subject to the Uniform Customer and Practice for Documentary Credits (1993 Revision), International Chamber of Commerce Publication No. 500 (the "UCP") and the laws of the State of Mississippi, and, in the case of any conflict between such laws and the UCP, the laws of the State of Mississippi will control.

Sincerely,

BANCORPSOUTH

Glenn I. Nash First Vice President

| ſ | EXHIBIT | |
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P.O. Box 1987 - Gulfport, MS 39502 - 228-863-2131 - FAX 228-864-4754



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Intentionally

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER APPROVING TERMINATIONS, AS LISTED

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE terminations, as listed:

a) Richard Patton, Road/Long Beach Work Center, Equipment Operator III, effective 05/14/2004.

b) Brent Boney, Sand Beach, Equipment Operator I, effective 05/18/2004.

Supervisor **MARLIN R. LADNER** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

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present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

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Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER ACCEPTING RESIGNATIONS AS LISTED

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY ACCEPT resignations as listed:

1) Marvin Ealy, Road/Long Beach Work Center, Equipment Operator III, effective

05/19/2004. (retirement)

2) Sonya Lizana, Human Services, Eligibility Worker I, effective 05/19/2004.

3) Janice Gaddis, Youth Court Shelter, Relief Child Care Worker, effective 02/28/2003.

4) Steve Wilkerson, Fairgrounds, Equipment Operator II/Maintenance, effective

04/16/2004.

Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER CONCURRING WITH THE COUNTY ADMINISTRATOR ON EMPLOYMENT OF SUMMER WORKERS

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY CONCUR with the county administrator on employment of summer workers:

1) Jason Hockaday, Building & Grounds, Summer Worker, Temporary, full time, at a rate of \$7.35 per hour, effective 05/10/2004.

2) Christopher Elliott, Building & Crounds, Summer Worker, Temporary, full time, at a rate of \$7.35 per hour, effective 05/10/2004.

3) Delmas Holley, Building & Grounds, Summer Worker, Temporary full time, at a rate of \$7.35 per hour hour , effective 05/10/2004.

4) Richard Obarr, Building & Grounds, Summer Worker, Temporary full time, at a rate of \$7.35 per hour, effective 05/10/2004.

5) Jared Landrum, Building & Grounds, Summer Worker, Temporary full time, at a rate of \$7.35 per hour, effective 05/13/2004

6) Brittany Ladner, Building & Grounds, Summer Worker, Temporary full time, at a rate of \$7.35 per hour, effective 05/07/2004.

7) Kristopher Lane, Building & Grounds, Summer Worker, Temporary full time, at a rate of \$7.35 per hour, effective 05/17/2004.

8) Shara Conway, Building & Grounds, Summer Worker, Temporary full time, at a rate of \$7.35 per hour, effective 05/17/2004.

9) Stephanie Maston, Building & Grounds, Summer Worker, Temporary full time, at a rate of \$7.35 per hour, effective 05/17/2004.

10) Jeffrey Smith, Building & Grounds, Summer Worker, Temporary full time, at a rate of \$7.35 per hour, effective 05/17/2004.

Supervisor **WILLIAM M. MARTIN** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER CONCURRING WITH THE COUNTY ADMINISTRATOR ON REPLACEMENTS AND CHANGES, AS LISTED

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY CONCUR with the county administrator on replacements and changes, as listed:

1) Susan Mcknight, Tourism, Administrative Secretary, Regular full time, at a rate of \$937.50 bimonthly, effective 05/12/2004, replacing Sharon Clancy who was making \$958.33 bimonthly.

2) Brandee Valentine, Justice Court, Clerical Support, Regular part time, at a rate of \$8.00 per hour, effective 05/14/2004, new hire money within the budget.

3) Amanda McKay, Justice Court, Deputy Clerk, Regular full time, at a rate of \$735.74 bimonthly, effective 05/18/2004, replacing Marsha Vargas who was making \$735.74 bimonthly.

4) Judy Hayes, Human Resources, status change going from Regular part time to Regular full time, with a salary increase going from \$8.88 per hour to \$598.12 bimonthly, effective 05/14/2004, replacing Wanda Carroll who was making \$598.12 bimonthly.

5) Jack Ulrich, Bridge & Traffic, Regular, on call only, at a rate of \$400.00 bimonthly, effective 05/25/2004, on call for Bayou Portage Bridge.

6) James Peterman, Fairgrounds, Mower Operator/Grounds Maintenance, regular full time, at a rate of \$758.34 bimonthly, effective 06/01/2004, replacing Walter Franklin who was making \$796.26 bimonthly.

7) Walter Franklin, Fairgrounds, status change going from Maintenance to Equipment Operator II/Maintenance, with a salary increase going from \$796.26 bimonthly, to \$974.61 bimonthly, replacing Steve Wilkerson who was making \$974.61 bimonthly.

Supervisor **CONNIE M. ROCKCO** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER CONCURRING WITH ROAD DEPARTMENT ON REPLACEMENTS AND CHANGES, AS LISTED

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY CONCUR with the Road Department on replacements and changes, as listed:

1) Mark Shavers, Road/Long Beach Work Center, Equipment Operator III, Regular full time at a rate of \$1089.18 bimonthly, effective 04/27/2004, replacing Jeff Howell who was making \$1089.18 bimonthly.

2) James Dubuisson, Road/Long Beach Work Center, Equipment Operator III, Regular full time, at a rate of \$1089.18 bimonthly, effective 05/24/2004, replacing Terry Young who was making \$1089.18 bimonthly.

3) Lynwood Reinike, Road/Long Beach Work Center, Equipment Operator III, regular full time, at a rate of \$1089.18 bimonthly, effective 05/24/2004, replacing Marvin Ealy who was making \$1089.18 bimonthly.

Supervisor LARRY BENEFIELD seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors present, the President then declared the motion carried and the Order adopted.

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THIS, the 24th day of May 2004.

Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER APPROVING PAYMENT TO CLIFFORD, HARVEY & CULUMBER, P.A. IN THE AMOUNT OF \$2,121.00 FOR SERVICES RENDERED FOR TORT ACCOUNT, TO BE PAID FROM TORT ACCOUNT

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY APPROVE payment to Clifford, Harvey & Culumber, P.A. in the amount of

\$2,121.00 for services rendered for Tort Account, to be paid from Tort Account.

Supervisor LARRY BENEFIELD seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

Supervisor WILLIAM M. MARTIN moved adoption of the following:

ORDER APPROVING PAYMENT OF ACCIDENT RELATED CLAIMS, AS LISTED, TO BE PAID FROM THE TORT ACCOUNT

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE payment of accident related claims, as listed, to be paid from the Tort Account:

1. \$95.90 payable to Long Beach Tire & Muffler on claimant Joseph Lumpkin Jr., as recommended by Safety Officer Andy Guerra.

2. \$373.00 payable to claimants Patricia and George LaHaye, as recommended by Walt Warren w/ Associated. Adjusters, Inc.

3. \$124.38 payable to Dunaway Glass for services renderd on claimant Lanny Ladner, as recommended by Safety Officer Andy Cuerra.

Supervisor **CONNIE M. ROCKCO** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* *

Supervisor WILLIAM M. MARTIN moved adoption of the following:

ORDER APPROVING PAYMENT OF ACCIDENT RELATED CLAIMS PAYABLE TO ASSOCIATED ADJUSTERS, INC. FOR SERVICES RENDERED FOR VARIOUS CLAIMS TO BE PAID FROM THE TORT ACCOUNT

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY APPROVE payment of accident related claims payable to Associated

Adjusters, Inc. for services rendered for various claims to be paid from the Tort Account:

- 1. \$668.13 on claimant Doyle Reid
- 2. \$90.50 on claimant Ashley Delmont
- 3. \$489.90 on claimant Michael Owens
- 4. \$454.00 on claimant Marion Waltman
- 5. \$725.55 on claimant Bryant Patterson
- 6. \$588,55 on claimant Ron Bullock
- 7. \$684.65 on claimant William Anderson

Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* * *

The Sheriff's representative reported there are 1,046 persons currently housed in the Harrison County Jail Facilities.

Supervisor WILLIAM M. MARTIN moved adoption of the following:

ORDER APPROVING PURCHASE OF VEHICLE LIGHTING FOR THE NEW TAHOE VEHICLES IN THE AMOUNT OF \$7,558.65 FROM ROPER SUPPLY, LOW QUOTE, FROM ACCOUNT 114-215-922 AND AUTHORIZING BUDGET AMENDMENT TRANSFER OF \$7,558.65 FROM 029-900-950 TO 114-215-922

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE purchase of vehicle lighting for the new Tahoe vehicles in the amount of \$7,558.65 from Roper Supply, low quote, from account 114-215-922 and authorizing budget amendment transfer of \$7,558.65 from 029-900-950 to 114-215-922.

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors present, the President then declared the motion carried and the Order adopted.

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THIS, the 24th day of May 2004.

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER APPROVINC PURCHASE OF ONE IN-SINK-ERATOR MODEL #SS-200 BASIC 2HP REPLACEMENT DISPOSER, LOW QUOTE \$1,268.00, FROM ASSOCIATED FOODS, PAYABLE FROM ACCOUNT NUMBER 115-207-917

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE purchase of one In-Sink-Erator Model #SS-200 Basic 2hp Replacement Disposer, low quote \$1,268.00, from Associated Foods, payable from account number 115-207-917.

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* *

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER TABLING THE REQUEST OF ACCEPTING MDOT ADDITIONAL FUNDING FOR ANTI-LITTER PROGRAM BRINGING THE TOTAL TO FOUR UNITS REIMBURSED

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY TABLE the request of accepting MDOT additional funding for anti-litter program bringing the total to 4 units reimbursed.

Supervisor LARRY BENEFIELD seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

MINUTES

BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

The matter of continuation from the May 3, 2004 meeting of an appeal of the Planning Commission recommendation to approve a Zoning Map Amendment for property located adjacent to Old Hwy 49 and south of Saucier Lizana Road came before the Board for consideration. The property is currently zoned A-1. The request is to rezone the property to an I-2 (General Industrial) District. The tax parcel numbers are 0603-13-006.000 and 0703-18-022.000. Case file number is 0309HC157. Attorney Reilly Morse and attorney Eric Wooten requested permission to present additional exhibits, which request the Board denied.

ORDINANCE NO. 0309HC157

Supervisor William W. Martin_ moved the adoption of the following order:

AN ORDER GRANTING AN APPEAL AND DENVING A ZONING MAP AMENDMENT. THE PROPERTY IS CURRENTLY ZONED AS AN A-1 (GENERAL AGRICULTURE) AND E-1 (VERY LOW DENSITY RESIDENTIAL) DISTRICTS. THE REQUEST WAS TO CHANGE THE ZONING DISTRICT CLASSIFICATION TO AN I-2 (GENERAL INDUSTRIAL) DISTRICT.

WHEREAS, the Harrison County Board of Supervisors finds and does so determine under Section 906, and based upon a reasonable consideration of the character of the district and neighborhood and suitability for particular purposes, that the property which is generally described as being located adjacent to Old Hwy 49 and south of Saucier Lizana Road, should not be granted a zoning map amendment. The ad valorem tax parcel numbers of the subject property are 0603-13-006,000 and 0703-18-022,000. The case file number is 0309HC157.

NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, AS FOLLOWS.

SECTION 1: That the Official Zoning Map of Harrison County Zoning Ordinance of the County of Harrison, adopted the 28th day of August, 2000, as amended, be and the same is hereby amended to provide that the following described property will remain at its present classification of a A-1 (General Agriculture) and E-1 (Very Low Density Residential) District.

DESCRIPTION:

0603-13-006.000 ALL SECTION LESS NE 1/4 SEC. 13-5-12 0703-18-022.000 59 AC(C) BEG 558 FT F. OF NW COR OF SW1/4 OF SEC 18 ON E MAR OF LC RAILROAD CORP E ALONG SEC LINE 580 FT M/L TO E LINE OF NW1/4 OF SW1/4 S ALONG SEC LINE 2626.0 FT M/L TO N MAR OF NOBLE RD WLY ALONG RD 290 FT N 660 FT W 330 FT TO E MAR OF RR N ALONG RR 1930 FT M/L TO POB ALSO ALL THAT PART OF W1/2 OF W1/2 OF SW 1/4 LYING W OF OLD HWY 49 PART OF W1/2 OF SW1/4 OF SEC 18-5-11

The ad valorem Tax Parcel Numbers are 0603-13-006.000 and 0703-18-022.000.

See attached site location map.

SECTION 2. For good cause being shown and the interest and welfare of Harrison County, the citizens thereof require that the said Ordinance be in full force and effect immediately upon its passage and enrolled as provided by law.

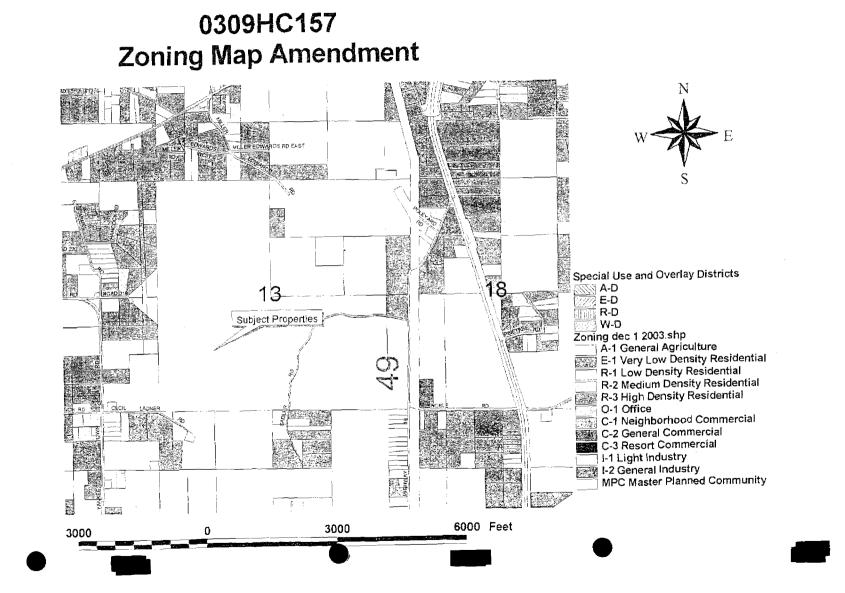
158

Supervisor <u>Larry Benefield</u> seconded the motion to adopt the above forgoing Ordinance whereupon the question was put to a vote with the following results:

| Supervisor BOBBY FLEUTERIUS | (ABSTAINED)) |
|-----------------------------|--------------|
| Supervisor LARRY BENEFIELD | AYE |
| Supervisor MARLIN LADNER | NAY |
| Supervisor WILLIAM MARTIN | AYE |
| Supervisor CONNIE ROCKCO | <u>NAY</u> , |

The motion failed for lack of majority vote.

THIS, the 24th of May 2004.



BOARD OF SUPERVISORS MAY Ξ _ 2004 Ζ NUTES HARRISON COUNTY, MISSISSIPPI TERM

The Board heard testimony from Mr. Stanley J. Sapia and from Frank and Julie Carpenter regarding appeal of the Planning Commission decision to deny a Conditional Use Permit for property located at 13094 Carson Road. The R-2 (Medium Density Residential) District requires a Conditional Use Permit for the placement of a Manufactured home. The tax parcel number is 0107P-01-023.000. Case file number is 0404HC069. Mr. Sapia presented Tax Assessor's plat marked Exhibit A, and the appellants presented photographs marked Exhibits 1-6, which exhibits are on file with the Clerk of the Board.

ORDINANCE NO. 0404HC069

Supervisor LARRY BENEFIELD ____, moved the adoption of the following order:

AN ORDER DENYING AN APPEAL AND CONCURING WITH THE PLANNING COMMISSION TO DENY A CONDITIONAL USE PERMIT TO ALLOW FOR THE PLACEMENT OF A MANUFACTURED HOME ON A ONE ACRE PARCEL OF LAND.

WHEREAS, the Harrison County Board of Supervisors finds and does so determine under Section 904 and based upon the recommendation of the Harrison County Planning Commission and county departments, as well as its existing needs and development, and based upon a reasonable consideration of the character of the district and neighborhood and suitability for particular purposes, that the property which is generally described as being located at 13094 Carson Road, should be denied a conditional use permit for the placement of a manufactured home. The ad valorem tax parcel number of the subject property is 0107P-01-023.000. The case tile number is 0404HC069.

NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, AS FOLLOWS:

SECTION 1: The following described property has been denied a Conditional Use Permit to allow for the placement of a manufactured home.

DESCRIPTION:

2.4 AC(C) BEG AT NW COR OF LOT 100 HIGHLAND ACRES SUBD AMENDED N 84 DGS E ALONG LOT 445.1 FT S 1 DGS W 117.3 FT S 5 DGS W 242.4 FT S 87 DGS W 68.1 FT TO CUL-DE-SAC WLY ALONG CUL-DE-SAC 136.8 FT TO SW COR OF LOT 100 NWLY ALONG LOT 418.7 FT TO POB BEING PART OF LOTS 100 & 101 HIGHLAND ACRES SUBD AMENDED SEC 32-6-13

The ad valorem Tax Parcel Number is 0107P-01-023.000.

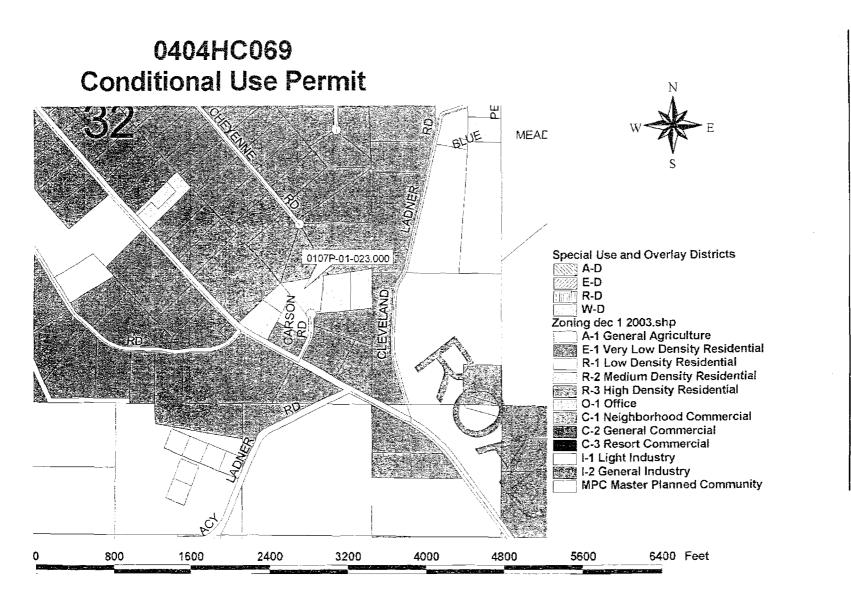
See attached site location map.

SECTION 2. For good cause being shown and the interest and welfare of Harrison County, the citizens thereof require that the said Ordinance be in full force and effect immediately upon its passage and enrolled as provided by law.

Supervisor <u>CONNIE ROCKCO</u> seconded the motion to adopt the above forgoing Ordinance whereupon the President put the question to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS | AYE , |
|-----------------------------|-------|
| Supervisor LARRY BENEFIELD | AYE , |
| Supervisor MARLIN LADNER | AYE, |
| Supervisor WILLIAM MARTIN | _АУЕ, |
| Supervisor CONNIE ROCKCO | АЧЕ, |

The majority of the members present having voted in the affirmative, the President then declared the Motion carried and the Order adopted on this the <u>24TII</u> day of <u>MAY</u>, 2004.



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Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER APPROVING THE EMPLOYMENT OF DUKES, DUKES, KEATING AND FANECA TO REPRESENT SHERIFF GEORGE H. PAYNE, JR., IN THE MATTER OF MEL LINDSEY ATWELL VS HARRISON COUNTY, ET AL

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE the employment of Dukes, Dukes, KEATING and Faneca to represent Sheriff George H. Payne, Jr., in the matter of Mel Lindsey Atwell vs Harrison County, et al.

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER APPROVING THE EMPLOYMENT OF DUKES, DUKES, KEATING AND FANECA TO REPRESENT SHERIFF GEORGE H. PAYNE, JR., IN THE MATTER OF WILLIE JAMES MCCULLEN VS. HARRISON COUNTY, ET AL

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE the employment of Dukes, Dukes, Keating and Faneca to represent Sheriff George H. Payne, Jr., in the matter of Willie James McCullen vs. Harrison County, et al.

Supervisor **WILLIAM M. MARTIN** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

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present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

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Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER APPROVING THE EMPLOYMENT OF DUKES, DUKES, KEATING AND FANECA TO REPRESENT SHERIFF GEORGE H. PAYNE, JR., IN THE MATTER OF MICHAEL SHANE STEPHENS VS. HARRISON COUNTY, ET AL

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE the employment of Dukes, Dukes, Keating and Faneca to represent Sheriff George H. Payne, Jr., in the matter of Michael Shane Stephens vs. Harrison County, et al.

Supervisor LARRY BENEFIELD seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

Supervisor WILLIAM M. MARTIN moved adoption of the following:

ORDER ACKNOWLEDGING RECEIPT OF BIDS AND APPROVING LOW BID OF \$96,500.00 FROM SAUCIER BROS. ROOFING, INC. FOR RE-ROOFING BILOXI COURTHOUSE AND AUTHORIZE BOARD PRESIDENT TO EXECUTE CONTRACT

WHEREAS, the Board of Supervisors does hereby find as follows:

 That this Board, at a meeting heretofore held on the 5th day of April, 2004, adopted an Order acknowledging and directing the Clerk of the Board to cause publication to be made of legal Notice of Invitation for Sealed Bids for Re-roofing of the Second Judicial District Courthouse, located in Biloxi, Mississippi.

2. That as directed in the aforesaid Order, said Notice of Invitation for Sealed Bids was published in the Sun Herald Newspaper, a newspaper published and having a general circulation in Harrison County, Mississippi, for more than one year immediately preceding the date of said Order directing publication of said Notice, and that the Publisher's Affidavit of Proof of Publication has been filed with the Clerk of this said Board, by said Clerk exhibited to the Board and shows that said notice was published on the 21st and 28th days of April, 2004.

3. That publication of said Notice has been made once each week for two consecutive weeks, the last of which was at least seven working days prior to May 20, 2004, the day fixed for receiving said bids in the Order identified in paragraph one thereof; said Proof of Publication being in the following form, words, and figures, to wit:

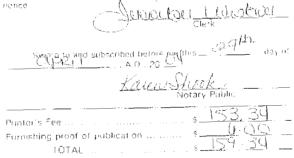
PROOF OF PUBLICATION

STATE OF MISSISSIPPI COUNTY OF HARRISON

Before on, the undersigned Nullity Public of Harrison County, Mississippi, personally appeared <u>UEMTRE UESTVEE</u> who, being by me first duly swoin, did depose and say that she is a clerk of <u>The Sun Heralo</u>, a newspaper published in the city <u>Gulfport</u> in Harrison County, Mississippi, and that publication of the notice, a copy of which is hereto attached, has been made in said paper. Units in the following numbers and on the following dates of such paper, 90.

| Voi 120 No. 201 dated 21 day of QP21 . 20 01 Voi 120 No. 202 dated 281 day of QP21 . 20 01 |
|---|
| Voi 12-0 No. 200 dated 201 day of (1012) 1 20 (N |
| Vol No , dated day of 20 |
| Vol No , dated day of20 |
| Vol No , dated day of ?0 |
| Vol |
| Vol No , dated day of 20 |

Affrant further states on each that said newspaper has been established and published continuously in said county for a period of more than twelve months ockt prior to the first publication of said

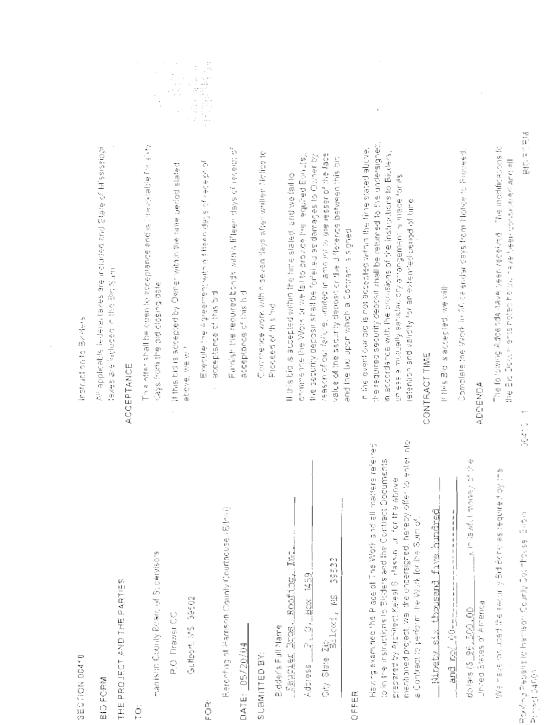


Commission Expires on: October 15, 2007

4. That on May 10, 2004, this Board designated its representatives to receive bids on May 20, 2004.

5. That bids were received at the time and place and in the manner provided in said Notice of Invitation for sealed bids, which bids are hereby acknowledged. The following bids were received:

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169

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costs are included in the Bid Sum

Addendum # <u>1</u> Dated <u>May 18, 2004</u>

Addendum # _____ Dated _____

Addendum # _____ Dated _____

BID FORM SUPPLEMENTS

We agree to submit the following Supplements to Bid Forms within 48 hours after submission of this bid for additional bid information.

Document 00431 - Supplement A - Subcontractors: Include the names of all Subcontractors and the portions of the Work they will perform

BID FORM SIGNATURE(S)

Saucier Bros. Roofing, Inc.

(Bidder - print the fullhame of your firm) By: <u>Januar</u> Clament B. Saucier IVI, Vice President (Authorized signing officer, Title)

(If Bidder is a Corporation, place seal here.)

(Seal)

Certificate Of Responsibility Number: _____3663____

If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF BID FORM

Roofing Repairs to Harrison County Courthouse, Biloxi Project 64001 60410 - 2

BID FORM

| SECTION 00431 | | | |
|--|--------------------------------------|-----------------|---------------------------------------|
| SUPPLEMENT A - LIST OF SUBCONTRACTORS | | | |
| PARTICULARS | | | |
| Herewith is the list of Subcontractors referenced in the bid submitted by: | | | |
| (Bidder) <u>Saucier</u> Br | os. Roofing, Inc. | | |
| To Owner | | | |
| -Dated <u>05/20/04</u> Bid Form. | and which is an integral part of the | · | |
| The following work will be performed (or provided) by Subcontractors and coordinated by us: | | | |
| LIST OF SUBCONTRACT | FORS | | |
| WORK SUBJECT | SUBCONTRACTOR NAME | | |
| None | None | · | |
| | | END OF SUPPLEME | NTA |
| | | | |
| | | | |
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| | | | |
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| | | | |
| Roofing Repairs to Harriso Project 04001 | n County Courthouse: Biloxi | 00431 - 1 | SUPPLEMENT A - LIST OF SUBCONTRACTORS |

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SECTION 00410

BID FORM

THE PROJECT AND THE PARTIES

TO:

Harrison County Board of Supervisors

P.O. Drawer CC

Gulfport, MS 39502

FOR:

Recoofing of Harrison County Courthouse (Biloxi) DATE: 5/20/2004

SUBMITTED BY:

OFFER

Having examined the Place of The Work and all matters referred to in the Instructions to Bidders and the Contract Documents prepared by Architect Keleai S. Hassin, Jr. for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work for the Sum of:

dollars (5 - 7 + 2 + 7, 00), in lawful money of the United States of America.

We have included the security Bid Bond as required by the

Roofing Repairs to Harrison County Courthouse: Biloxi Project 04001

Instruction to Bidders.

All applicable federal taxes are included and State of Mississippi taxes are included in the Bid Sum.

ACCEPTANCE

This offer shall be open to acceptance and is irrevocable for sixty days from the bid closing date.

If this bid is accepted by Owner within the time period stated above, we will:

Execute the Agreement within fifteen days of receipt of acceptance of this bid.

Furnish the required bonds within fifteen days of receipt of acceptance of this bid.

Commence work within seven days after written Notice to Proceed of this bid.

If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to Owner by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.

In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders; unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

CONTRACT TIME

____ If this Bid is accepted, we will:

Complete the Work in 90 calendar days from Notice to Proceed.

ADDENDA

00410 - 1

The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all

BID FORM

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| | 4 | |
| costs are included in the Bid Sum | | |
| Addendum # 1 Dated $5/18/2007$ | | |
| Addendum # Dated | | |
| Addendum # Dated | | |
| | | |
| FORM SUPPLEMENTS | | |
| We agree to submit the following Supplements to Bid Forms within 48 hours after submission of this bid for additional bid | | |
| within 48 hours after submission or this bid for dealer and a information | | |
| | 9 | |
| Document (00431 - Stopiement A - Subcontractoral include | | |
| Document 00431 - Supplement A - Subcontractors: Include the names of all Subcontractors and the portions of the | | |
| Document 00431 - Supplement A - Subbinnational in class the names of all Subcontractors and the portions of the Work they will perform. | | |
| the names of all Subcontractors and the portions of the | | |
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| the names of all Subcontractors and the portions of the Work they will perform. | | |
| the names of all Subcontractors and the portions of the Work they will perform. | | |
| the names of all Subcontractors and the portions of the Work they will perform. D FORM SIGNATURE(S) $\frac{M_{1K} \in M_{1} \land M_{2} \land M_{2} \land M_{3} \land M_{3$ | | |
| the names of all Subcontractors and the portions of the Work they will perform. D FORM SIGNATURE(S) $\frac{M_{1K} \in M_{1} \land M_{2} \land M_{2} \land M_{3} \land M_{3$ | | |
| the names of all Subcontractors and the portions of the Work they will perform. DFORM SIGNATURE(S) <u>MIKE MADAMAS ROOFING</u> Co. 1. (Sidder - print the full name of your firm) By <u>MMo</u> Man (Authorized signing officer. Title) PRESIDENT | | |
| the names of all Subcontractors and the portions of the Work they will perform. D FORM SIGNATURE(S) $\frac{M_{1K} \in M_{1} \land M_{2} \land M_{2} \land M_{3} \land M_{3$ | | |
| the names of all Subcontractors and the portions of the Work they will perform. DFORM SIGNATURE(S) <u>MIKE MADAMAS ROOFING</u> Co. 1. (Sidder - print the full name of your firm) By <u>MMo</u> Man (Authorized signing officer. Title) PRESIDENT | | |
| the names of all Subcontractors and the portions of the Work they will perform. DFORM SIGNATURE(S) <u>MIKE MADAMAS ROOFING</u> Co. 1. (Sidder - print the full name of your firm) By <u>MMo</u> Man (Authorized signing officer. Title) PRESIDENT | | |
| the names of all Subcontractors and the portions of the Work they will perform. DFORM SIGNATURE(S) <u>MIKE MAOAMS ROOFING</u> Co. I. (Bidder - print the full name of your firm) By <u>Machan</u> (Authorized signing officer. Tidle) PRESIDENT (If Bidder is a Corporation place seal here.) (Seal) | | |
| the names of all Subcontractors and the portions of the Work they will perform. DFORM SIGNATURE(S) <u>MIKE MAOAMS ROOFING</u> Co. I. (Bidder - print the full name of your firm) By <u>Machan</u> (Authorized signing officer. Tidle) PRESIDENT (If Bidder is a Corporation place seal here.) (Seal) | | |
| the names of all Subcontractors and the portions of the Work they will perform. D FORM SIGNATURE(S) <u>MIKE MADAMS ROOFING</u> Co. 1. (Sidder - print the full name of your firm) By (Authorized signing officer. Title) PRESIDENT (If Bidder is a Corporation place seal here.) | Эс_ | |

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Roofing Repairs to Hamison County Courthouse: Biloxi Project 04001 BID FORM

M I N U T E S BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

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SECTION 00410

BID FORM

THE PROJECT AND THE PARTIES

TO:

Harrison County Board of Supervisors

P.O. Drawer CC

Guifport, MS 39502

FOR:

Reroofing of Harrison County Courthouse (Biloxi)

DATE: 5/20/04

SUBMITTED BY:

Bidder's Full Name <u>F.CORNELL MALONE CORFORATION</u> Address A39 DORY STREET

City, State, Zip ______JACKSON, MS 39201____

OFFER

Having examined the Place of The Work and all matters referred to in the Instructions to Bidders and the Contract Documents prepared by Architect Keleal S. Hassin, Jr. for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work for the Sum of:

ONE HUNDRED TWENTY ONE , EIGHT

TWENTY SIX \$ 00/100'S

dollars (\$_121, 826.00), in tawful money of the United States of America.

We have included the security Bid Bond as required by the

Roofing Repairs to Harrison County Courthouse: Biloxi Project 04001 Instruction to Bidders.

All applicable federal taxes are included and State of Mississippi taxes are included in the Bid Sum.

ACCEPTANCE

This offer shall be open to acceptance and is irrevocable for sixty days from the bid closing date.

If this bid is accepted by Owner within the time period stated above, we will:

Execute the Agreement within fifteen days of receipt of acceptance of this bid.

Furnish the required bonds within fifteen days of receipt of acceptance of this bid.

Commence work within seven days after written Notice to Proceed of this bid

If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to Owner by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.

In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders; unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

CONTRACT TIME

If this Bid is accepted, we will:

Complete the Work in 90 calendar days from Notice to Proceed.

ADDENDA

The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all BID FORM

00410 - 1

BOARD OF SUPERVISORS MAY Ξ -2004 TERM Z HARRISON COUNTY, MISSISSIPPI C -Ш S
 costs are included in the Bid Sum.

 Addendum # _____ Dated ______

 Addendum # _____ Dated _______

 Addendum # _____ Dated ________

BID FORM SUPPLEMENTS

We agree to submit the following Supplements to Bid Forms within 48 hours after submission of this bid for additional bid information:

Document 00431 - Supplement A - Subcontractors: Include the names of all Subcontractors and the portions of the Work they will perform.

BID FORM SIGNATURE(S) Kalinn Childre

(Bidder - print the full name of your firm)

BY ROMAN C. MALDHE, V.P.

(Authorized signing officer, Title)

(If Bidder is a Corporation, place seat here.)

(Seal)

Certificate Of Responsibility Number: 05671

If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF BID FORM

Roofing Repairs to Harrison County Courthouse: Biloxi 00410 - 2 Project 04001 **BID FORM**

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SECTION 00410

BID FORM

THE PROJECT AND THE PARTIES

TO:

Harrison County Board of Supervisors

P.O. Drawer CC

Gulfport, MS 39502

FOR:

Reroofing of Harrison County Courthouse (Biloxi)

DATE: May 20, 04

SUBMITTED BY:

Bidder's Full Name R. P. WALLACE, INC.

Address P. O. BOX 9219

City, State, Zip

MOBILE, AL 36691

OFFER

Having examined the Place of The Work and all matters referred to in the Instructions to Bidders and the Contract Documents prepared by Architect Keleal S. Hassin, Jr. for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work for the Sum of:

One Hundred Forty One Thousand, One

Hundred Forty One & 00/100

dollars (\$141,141.00), in lawful money of the United States of America.

We have included the security Bid Bond as required by the

Roofing Repairs to Harrison County Courthouse: Biloxi Project 04001

Instruction to Bidders.

All applicable federal taxes are included and State of Mississippi taxes are included in the Bid Sum.

ACCEPTANCE

This offer shall be open to acceptance and is irrevocable for sixty days from the bid closing date.

If this bid is accepted by Owner within the time period stated above, we will:

Execute the Agreement within fifteen days of receipt of acceptance of this bid.

Furnish the required bonds within fifteen days of receipt of acceptance of this bid.

Commence work within seven days after written Notice to Proceed of this bid.

If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to Owner by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.

In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders; unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

CONTRACT TIME

If this Bid is accepted, we will:

Complete the Work in 90 calendar days from Notice to Proceed.

ADDENDA

The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all

00410 - 1

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 costs are included in the Bid Sum.

 Addendum # ____ Dated ______

 Addendum # ____ Dated ______

 Addendum # ____ Dated ______

BID FORM SUPPLEMENTS

We agree to submit the following Supplements to Bid Forms within 48 hours after submission of this bid for additional bid information:

Document 00431 - Supplement A - Subcontractors: Include the names of all Subcontractors and the portions of the Work they will perform.

BID FORM SIGNATURE(S)

R. P. WALLACE, INC. (Bidder - print the full deme of your firm) By: By: (Authorized signing officer, fille)

(If Bidder is a Corporation, place seal here.)

(Seal)

Certificate Of Responsibility Number: ____07087___

If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF BID FORM

Roofing Repairs to Harrison County Courthouse: Biloxi 00410 - 2 Project 04001

SECTION 00410

BID FORM

THE PROJECT AND THE PARTIES

TO:

Harrison County Board of Supervisors

P.O. Drawer CC

Gulfport, MS 39502

FOR:

Reroofing of Harrison County Courthouse (Biloxi)

DATE: 5/20/04

SUBMITTED BY:

Bidder's Full Name MANDAL'S, INC.

Address P.O. BOX 6188, GULFPPORT, MS 39506

City, State, Zip 4002 HEWES AVENUE, GULFPORT, MS 39507

OFFER

Having examined the Place of The Work and all matters referred to in the Instructions to Bidders and the Contract Documents prepared by Architect Keleal S. Hassin, Jr. for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work for the Sum of:

ONE HUNDRED FIVE THOUSAND, NINE HUNDRED

SIXTY-FIVE AND NO/100

dollars (\$ 105,965.00 _____), in lawful money of the United States of America.

We have included the security Bid Bond as required by the

Roofing Repairs to Harrison County Courthouse: Biloxi Project 04001

Instruction to Bidders.

All applicable federal taxes are included and State of Mississippi taxes are included in the Bid Sum.

ACCEPTANCE

This offer shall be open to acceptance and is irrevocable for sixty days from the bid closing date.

If this bid is accepted by Owner within the time period stated above, we will:

Execute the Agreement within fifteen days of receipt of acceptance of this bid.

Furnish the required bonds within fifteen days of receipt of acceptance of this bid.

Commence work within seven days after written Notice to Proceed of this bid.

If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to Owner by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.

In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders; unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

CONTRACT TIME

If this Bid is accepted, we will:

Complete the Work in 90 calendar days from Notice to Proceed.

ADDENDA

The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all

00410 - 1

costs are included in the Bid Sum.

| Addendum #1 | _Dated _5/18/04 |
|-------------|-----------------|
| Addendum # | _ Dated |
| Addendum # | _Dated |

BID FORM SUPPLEMENTS

We agree to submit the following Supplements to Bid Forms within 48 hours after submission of this bid for additional bid information:

Document 00431 - Supplement A - Subcontractors: Include the names of all Subcontractors and the portions of the Work they will perform.

BID FORM SIGNATURE(S)

MANDAL'S, INC.

(Bidder - print the full name of your firm) and Neis By:

CHRIS L. COOPER, PRESIDENT (Authorized signing officer, Title)

(If Bidder is a Corporation, place seal here.)

(Seal)

Certificate Of Responsibility Number: __01062____

If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF BID FORM

Roofing Repairs to Harrison County Courthouse: Biloxi 00410 - 2 Project 04001

-

| SECTION 00431 | |
|--|---|
| SUPPLEMENT A - LIST OF SUBCONTRACTORS | |
| PARTICULARS | |
| Herewith is the list of Subcontractors referenced in the bid submitted by: (Bidder) | |
| To Owner | |
| Dated <u>5/20/04</u> and which is an integral part of th Bid Form. | e |
| The following work will be performed (or provided) by Subcontractors and coordinated by us: | |
| LIST OF SUBCONTRACTORS | |
| WORK SUBJECT SUBCONTRACTOR NAME NOT APPLICABLE | END OF SUPPLEMENT A |
| Roofing Repairs to Harrison County Courthouse: Biloxi Project 04001 | 00431 - 1 SUPPLEMENT A - LIST OF SUBCONTRACTORS |

M I N U T E S BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

SECTION 00410

BID FORM

THE PROJECT AND THE PARTIES

TO:

Harrison County Board of Supervisors

P.O. Drawer CC

Gulfport, MS 39502

FOR:

Reroofing of Harrison County Courthouse (Biloxi)

DATE: 5/20/2004

SUBMITTED BY:

Bidder's Full Name Continental Roofing, Inc.

Address 903 Ingalls Avenue

City, State, Zip Pascagoula, MS 39567.

OFFER

Having examined the Place of The Work and all matters referred to in the Instructions to Bidders and the Contract Documents prepared by Architect Keleal S. Hassin, Jr. for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work for the Sum of: One hurdred belve thousand seven hurdred

farty-tvo

dollars (\$_<u>112,742_00</u>_____), in lawful money of the United States of America.

We have included the security Bid Bond as required by the

Roofing Repairs to Harrison County Courthouse: Biloxi Project 04001

Instruction to Bidders.

All applicable federal taxes are included and State of Mississippi taxes are included in the Bid Sum.

ACCEPTANCE

This offer shall be open to acceptance and is irrevocable for sixty days from the bid closing date.

If this bid is accepted by Owner within the time period stated above, we will:

Execute the Agreement within fifteen days of receipt of acceptance of this bid.

Furnish the required bonds within fifteen days of receipt of acceptance of this bid.

Commence work within seven days after written Notice to Proceed of this bid.

If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to Owner by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.

In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders; unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

CONTRACT TIME

If this Bid is accepted, we will:

Complete the Work in 90 calendar days from Notice to Proceed.

The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all

BID FORM

00410 - 1

.85

costs are included in the Bid Sum.

 Addendum # ____
 Dated _____
 \$

 Addendum # _____
 Dated ______
 \$

 Addendum # _____
 Dated ______
 \$

BID FORM SUPPLEMENTS

We agree to submit the following Supplements to Bid Forms within 48 hours after submission of this bid for additional bid information:

Document 00431 - Supplement A - Subcontractors: Include the names of all Subcontractors and the portions of the Work they will perform.

BID FORM SIGNATURE(S)

Paul A. Davison, Jr.

(Bidde / grint the full name of your firm) By: UM (Authorized signing officer, Title)

(If Bidder is a Corporation, place seal here.)

(Seal)

Certificate Of Responsibility Number: 8056

If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF BID FORM

Roofing Repairs to Harrison County Courthouse: Biloxi Project 04001 00410-2



the second se

| | | | · · |
|---|---|-------------|---------------------------------------|
| SECTION 00431 | | | |
| SUPPLEMENT A - LIST | OF SUBCONTRACTORS | * | |
| PARTICULARS | | | |
| Herewith is the list of S submitted by: | ubcontractors referenced in the bid | | |
| (Bidder) _Continental F | bofing, Irc. | | |
| To Owner Dated | and which is an integral part of I | | |
| The following work will Subcontractors and co- | be performed (or provided) by ordinated by us: | | |
| LIST OF SUBCONTRAC | TORS | | |
| WORK SUBJECT N/A | SUBCONTRACTOR NAME | | |
| | | END OF SUPP | LEMENT A |
| | | | · |
| Roofing Repairs to Harris | on County Courthouse: Biloxi | 00431 - 1 | SUPPLEMENT A - LIST OF SUBCONTRACTORS |

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

;

SECTION 00410

BID FORM

THE PROJECT AND THE PARTIES

TO:

Harrison County Board of Supervisors

P.O. Drawer CC

Gulfport, MS 39502

FOR:

Reroofing of Harrison County Courthouse (Biloxi)

DATE: May 20, 2004

SUBMITTED BY:

Bidder's Full Name Rovell Roofing, Inc.

Address P.O. Box 647

City, State, Zip Columbia, MB 39429

OFFER

Having examined the Place of The Work and all matters referred to in the Instructions to Bidders and the Contract Documents prepared by Architect Keleal S. Hassin, Jr. for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the Work for the Sum of:

One hundred two thousand eight hundred

dollars and 00/100

dollars (S_____102,800,00_____), in lawful money of the United States of America.

We have included the security Bid Bond as required by the

Roofing Repairs to Harrison County Courthouse: Biloxi Project 04001

Instruction to Bidders.

All applicable federal taxes are included and State of Mississippi taxes are included in the Bid Sum.

ACCEPTANCE

This offer shall be open to acceptance and is irrevocable for sixty days from the bid closing date.

If this bid is accepted by Owner within the time period stated above, we will:

Execute the Agreement within fifteen days of receipt of acceptance of this bid.

Furnish the required bonds within fifteen days of receipt of acceptance of this bid.

Commence work within seven days after written Notice to Proceed of this bid.

If this bid is accepted within the time stated, and we fail to commence the Work or we fail to provide the required Bond(s), the security deposit shall be forfeited as damages to Owner by reason of our failure, limited in amount to the lesser of the face value of the security deposit or the difference between this bid and the bid upon which a Contract is signed.

In the event our bid is not accepted within the time stated above, the required security deposit shall be returned to the undersigned, in accordance with the provisions of the Instructions to Bidders; unless a mutually satisfactory arrangement is made for its retention and validity for an extended period of time.

CONTRACT TIME

If this Bid is accepted, we will:

Complete the Work in 90 calendar days from Notice to Proceed.

ADDENDA

00410 - 1

The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and alf

| costs are included in the Bid Sum. | | | |
|------------------------------------|-------|---------|--|
| Addendum # $\1$ | Dated | 5/18/04 | |
| Addendum # | Dated | | |
| Addendum # | Dated | | |

BID FORM SUPPLEMENTS

We agree to submit the following Supplements to Bid Forms within 48 hours after submission of this bid for additional bid information:

Document 00431 - Supplement A - Subcontractors: Include the names of all Subcontractors and the portions of the Work they will perform.

BID FORM SIGNATURE(S)

Ravell Roofing, Inc.

(Bidder - print the full name of your firm) By: , Randall B, Royell, President

Mississippi (Authorized signing officer, Title)

(If Bidder is a Corporation, place seal here.)

(Seal)

Certificate Of Responsibility Number: _____ 4569

If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF BID FORM

Roofing Repairs to Harrison County Courthouse: Biloxi 00410 - 2 Project 04001 **BID FORM**

BOARD OF SUPERVISORS, MAY Z 2004 Ζ HARRISON COUNTY, MISSISSIPPI C TERM ш S

| SECTION 00431 | | | |
|---|---|---------------------------------------|---------------------------------------|
| SUPPLEMENT A - LIST (| DF SUBCONTRACTORS | · | |
| PARTICULARS | | | |
| Herewith is the list of Su submitted by: | beontractors referenced in the bid | | |
| (Bidder)Rowell | Roofing, Inc. | | |
| To Owner | | | |
| Dated <u>May 20</u> , 200 Bid Form. |)4ar.d which is an integral part of the | · · · · · · · · · · · · · · · · · · · | |
| The following work will Subcontractors and coo | be performed (or provided) by rdinated by us: | | · |
| LIST OF SUBCONTRAC | FORS | · | |
| WORK SUBJECT | SUBCONTRACTOR NAME | | |
| Mechanical | Patterson Plumbing | | · |
| | | END OF SUPPLEME | ΝΤΑ |
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| Roofing Repairs to Harriso Project 04001 | n County Courthouse: Biloxi | 00431 - 1 | SUPPLEMENT A - LIST OF SUBCONTRACTORS |
| | • | | |

M I N U T E S BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

5. The Board does hereby find, that the bid of Saucier Bros. Roofing, inc. in the amount of NINETY-SIX THOUSAND FIVE HUNDRED AND 00/100 DOLLARS (\$96,500.00), is the lowest bid meeting specifications and, therefore, the best bid received for re-roofing the Biloxi Courthouse, and that said bid is reasonable and fair and should be accepted.

IT IS THEREFORE ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the bid of Saucier Bros. Roofing, Inc. be, and the same is HEREBY ACCEPTED for re-rooting the Biloxi Courthouse at and for a consideration of NINETY-SIX THOUSAND FIVE HUNDRED AND 00/100 DOLLARS (\$96,500.00).

IT IS FURTHER ORDERED that the Board president is HEREBY AUTHORIZED to execute the following contract:

1997 EDITION

day of May

AIA DOCUMENT A101-1997

Standard Form of Agreement Between Owner and Contractor 🕼 where the basis of payment is a STIPULATED SUM

| A G R E E M E N T mode as of the re the year 2004 the words indicate day ments and year? | 24th |
|--|------------------------|
| BETWEEN the Owner: (Name address and other information) | BOARI HARRI R. O |

and the Contractor.

D OF SUPPRVISORS ISON COUNTY, MS Drawer CC Gulfport, MS 39502

exame, olders, and other educations.

SAUCIER BROS. 200FING, INC. P.O. Box 1459 Biloxi, MS 39533

The Project is: Roofing Repairs to the Harrison County (Some mar bonner) County Courthouse, Biloxi, MS

The Architect is: (Some address and other information) -

RELEAD S. HASSIN, JR 1822 15th Street Gulfport, MS 39501



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AIA DOCUMENT A 101-1997 OWNER CONTRACTOR AGREEMENT

This document has important legal convequences.

AtA Document A201-1997, General Conditions of the Contract for Construction, 4 adopted in this document by reference. Do not use with other general conditions

unless this document is

This document has been approved and endorsed by the Associated General Contractors of America

moded

Consultation with an attoiney is encouraged. with respect to its completion or modification.

The American Indiffice American prantice of Architects
 1735 Nev. fork Avenue, N.W. Washington, D.C. 2005;6:4234

ARTICLE 1 THE CONTRACT DOCUMENTS

The Contract Documents consist of this Agreement, Conditions of the Contract (General, Supplementary and other Conditions), Drawings, Specifications, Addenda issued prior to execution of this Agreement, other documents listed in this Agreement and Modifications issued after execution of this Agreement; these form the Contract, and are as fully a part of the Contract as if attached to this Agreement or repeated herein. The Contract represents the entire and integrated agreement between the parties hereto and supersedes prior negotiations, representations or agreements, either written or oral. An enumeration of the Contract Documents, other than Modifications, appears in Article 8.

ARTICLE 2 THE WORK OF THIS CONTRACT

The Contractor shall fully execute the Work described in the Contract Documents, except to the extent specifically indicated in the Contract Documents to be the responsibility of others.

ARTICLE 3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

3.1 The date of commencement of the Work shall be the date of this Agreement unless a different date is stated below or provision is made for the date to be fixed in a notice to proceed issued by the Owner.

(Insert the date of commencement if it differs from the date of this Agreement or, if applicable, state that the date will be fixed in a notice to proceed.)

To be fixed in a Notice to Proceed.

If, prior to the commencement of the Work, the Owner requires time to file mortgages, mechanic's liens and other security interests, the Owner's time requirement shall be as follows:

3.2 The Contract Time shall be measured from the date of commencement,

3.3 The Contractor shall achieve Substantial Completion of the entire Work not later than Ninety (90) calendar days from the date of commencement, or as follows: (lisert number of calendar days. Alternatively, a calendar date may be used when coordinated with the date of commencement. Unless stated elsewhere in the Contract Documents, insert any requirements for earlier Substantial Completion of certain portions of the Work,)

, subject to adjustments of this Contract Time as provided in the Contract Documents. (Insert provisions, if any, for liquidated damages relating to failure to complete on time or for bonus payments for early completion of the Work,)

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ARTICLE 4 CONTRACT SUM

4.1 The Owner shall pay the Contractor the Contract Sum in current funds for the Contractor's performance of the Contract. The Contract Sum shall be Ninety-six Thousand Five Hundred and no/100 - - - - - Dollars(\$96,500.00), subject to additions and deductions as provided in the Contract Documents.

4.2 The Contract Sum is based upon the following alternates, if any, which are described in the Contract Documents and are hereby accepted by the Owner:

(State the numbers or other identification of accepted alternates, If decisions on other alternates are to be made by the Owner subsequent to the execution of this Agreement, attach a schedule of such other alternates showing the amount for each and the date when that amount expires.)

None

4.3 Unit prices, if any, are as follows:

N/A

ARTICLE 5 PAYMENTS

5.1 PROGRESS PAYMENTS

5.1.1 Based upon Applications for Payment submitted to the Architect by the Contractor and Certificates for Payment issued by the Architect, the Owner shall make progress payments on account of the Contract Sum to the Contractor as provided below and elsewhere in the Contract Documents.

5.1.2 The period covered by each Application for Payment shall be one calendar month ending on the last day of the month, or as follows: 28th day of the month

5.1.3 Provided that an Application for Payment is received by the Architect not later than the 28th day of a month, the Owner shall make payment to the Contractor not later than the 15th day of the following month. If an Application for Payment is received by the Architect after the application date fixed above, payment shall be made by the Owner not later than twenty (20) days after the Architect receives the Application for Payment.

5.14 Each Application for Payment shall be based on the most recent schedule of values submitted by the Contractor in accordance with the Contract Documents. The schedule of values shall allocate the entire Contract Sum among the various portions of the Work. The schedule of values shall be prepared in such form and supported by such data to substantiate its accuracy as the Architect may require. This schedule, unless objected to by the Architect, shall be used as a basis for reviewing the Contractor's Applications for Payment.



AIA DOCUMENT AID1-1997 OWNER-CONTRACTOR AGREEMENT

The American Institute of Architects 1735 New York Avenue, N.W. Washington, D.C. 20006-5292

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5.1.5 Applications for Payment shall indicate the percentage of completion of each portion of the Work as of the end of the period covered by the Application for Payment.

5.1.6 Subject to other provisions of the Contract Documents, the amount of each progress payment shall be computed as follows:

- 1 Take that portion of the Contract Sum properly allocable to completed Work as determined by multiplying the percentage completion of each portion of the Work by the share of the Contract Sum allocated to that portion of the Work in the schedule of values, less retainage of TEN percent (10%). Pending final determination of cost to the Owner of changes in the Work, amounts not in dispute shall be included as provided in Subparagraph 7.3.8 of AIA Document A201-1997;
- 2 Add that portion of the Contract Sum properly allocable to materials and equipment delivered and suitably stored at the site for subsequent incorporation in the completed construction (or, if approved in advance by the Owner, suitably stored off the site at a location agreed upon in writing), less retainage of TEN percent (10⁻¹⁰/₀);
 3 Subtract the aggregate of previous payments made by the Owner; and
- 4. Subtract amounts, if any, for which the Architect has withheld or nullified a Certificate for Payment as provided in Paragraph 9.5 of AIA Document A201 1997.

5.7. The progress payment amount determined in accordance with Subparagraph 5.1.6 shall be further modified under the following circumstances:

- Add, upon Substantial Completion of the Work, a sum sufficient to increase the total payments to the full amount of the Contract Sum, less such amounts as the Architect shall determine for incomplete Work, retainage applicable to such work and unsettled claims; and (Subparagraph 9.8.5 of AIA Document Asoc-1997 (equires release of applicable retainage upon Substantial Completion of Work with consont of survey, glawy)
- 2 Add, if final completion of the Work is thereafter materially delayed through no fault of the Contractor, any additional amounts payable in accordance with Subparagraph 9:10.3 of AIA Document A201-1997.

5.1.8 Reduction or limitation of retainage, if any, shall be as follows:

(If it is intended, prior to Substantial Completion of the entire Work, to reduce or limit the retainage resulting from the percentages inserted in Clauses 3.1.6.1 and 5.1.6.2 above, and this is not explained elsewhere in the Contract Documents, usert here provisions for such reduction or limitation.)

TEN Percent (10%)



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5.1.9 Except with the Owner's prior approval, the Contractor shall not make advance payments to suppliers for materials or equipment which have not been delivered and stored at the site.

5.2 FINAL PAYMENT

5.2.1 Final payment, constituting the entire unpaid balance of the Contract Sum, shall be made by the Owner to the Contractor when:

- a the Contractor has fully performed the Contract except for the Contractor's responsibility to correct Work as provided in Subparagraph 12.2.2 of AIA Document A201-1097, and to satisfy other requirements, if any, which extend beyond final payment; and
- 2 a final Certificate for Payment has been issued by the Architect.

1.1



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5.2.2 The Owner's final payment to the Contractor shall be made no later than 36 days after the issuance of the Architect's final Certificate for Payment, or as follows:

ARTICLE 6 TERMINATION OR SUSPENSION

6.1 The Contract may be terminated by the Owner or the Contractor as provided in Article 14 of AIA Document A201-1997.

6.2 The Work may be suspended by the Owner as provided in Article 14 of AIA Document A201-1997.

ARTICLE 7 MISCELLANEOUS PROVISIONS

7.1 Where reference is made in this Agreement to a provision of AIA Document A201-1997 or another Contract Document, the reference refers to that provision as amended or supplemented by other provisions of the Contract Documents.

7.2 Payments due and unpaid under the Contract shall bear interest from the date payment is due at the rate stated below, or in the absence thereof, at the legal rate prevailing from time to time at the place where the Project is located. (Insert rate of interest agreed upon, if any.)

(Usury laws and requirements under the Federal Truth in Lending Act, similar state and local consumer credit laws and other regulations at the Owner's and Contractor's principal places of business, the location of the Project and elsewhere may affect the valulity of this provision. Legal advice should be obtained with respect to deletions or modifications, and also regarding requirements such as written disclosures or waivers.)

7.3 The Owner's representative is: (*Name, address and other information*)

Pam Ulrich, Administrator Board of Supervisors, Harrison County, MS P.O. Drawer CC, Gulfport, MS 39502 Phone: 865-4070 FAX: 865-4162 74 The Contractor's representative is: (Name, address and other information)

Clemmie Saucier P.O. Box 1459, Biloxi, MS 39533 Phone 436-3563 Fax 435-0539

7.5 Neither the Owner's nor the Contractor's representative shall be changed without ten days' written notice to the other party.

7.6 Other provisions:



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| 8.1 The Contra | RATION OF CONTRACT DOCUN net Documents, except for Mo numerated as follows: | IENTS difications issued after execution of this |
|--|--|---|
| | nent is this executed 1997 edition c actor, AIA Document Ann 1997. | f the Standard Form of Agreement Between |
| | l Conditions are the 1997 edition o A Document A201-1997. | f the General Conditions of the Contract for |
| 8.1.3 The Suppler Manual dated | nentary and other Conditions of (April, 2004 | re Contract are those contained in the Project , and are as follows: |
| Document | Title | Pages |
| 00800 | Supplementary Conditions | 10 |
| | | |
| and are as follows | | roject Manual dated as in Subparagraph 8.1.3. |
| (Luner list the Speci | | 0 |

B.1.5 The Drawings are as follows, and are dated different date is shown below:

 (Either list the Drawings here or refer to an exhibit attached to this Agreement.)

 Number
 Title

| Number | Title | Date |
|--------|--------------|--------------|
| A). | Roofing Plan | October 2003 |
| A2 | Roof Details | October 2003 |



unless a

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8.1.6 The Addenda, if any, are as follows:

| Number | Date | Pages |
|--------|--------------|-------|
| 1 | May 18, 2004 | l |

Portions of Addenda relating to bidding requirements are not part of the Contract Documents unless the bidding requirements are also enumerated in this Article 8.

8.17 Other documents, if any, forming part of the Contract Documents are as follows: (List here any additional documents that are intended to form part of the Contract Documents AIA Document A201 1997 provides that bidding requirements such as advertsement or invitation to bid, Instructions to Bidders, sample forms and the Contractor's bid are not part of the Contract Documents unless enumerated in this Agreement. They should be listed here only if intended to be part of the Contract Documents.)

This Agreement is entered into as of the day and year first written above and is executed in at least three original copies, of which one is to be delivered to the Contractor, one to the Architect for use in the administration of the Contract, and the remainder to the Owner.

CAUTION: You should sign an original AIA document or a licensed reproduction. Originals contain the AIA logo printed in red, licensed reproductions are those produced in accordance with the Instructions to this document.

BOARD OF SUPERVISORS, HARRISON

COUNTY, MS

OWNER (Signature)

Bobby Eleuterius, President. (Printed name and title)

CONTRACTOR (Signature)

SAUCIER BROS. ROOFING, INC.

(Printed name and title) Vice President



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SECTION 00010

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00200 - INSTRUCTIONS TO BIDDERS

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00431 - SUPPLEMENT A - LIST OF SUBCONTRACTORS

00500 - AGREEMENT

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00800 - SUPPLEMENTARY CONDITIONS

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01200 - PRICE AND PAYMENT PROCEDURES

01300 - ADMINISTRATIVE REQUIREMENTS

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Roofing Repairs to Harrison County Courthouse: Biloxi Project 04001

07222 - POLYISOCYANURATE ROOF BOARD INSULATION 07510 - BUILT-UP BITUMINOUS ROOFING

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Supervisor **CONNIE M. ROCKCO** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | NAY |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the

Supervisors present, the motion was declared carried and the Order adopted.

THIS, the 24th day of May 2004.

* * *

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER NOTIFYING JUDGES AND ALL DEPARTMENTS THAT THE ROOF CONTRACT WILL BEGIN IN JULY, IN ORDER TO CHANGE COURT DOCKETS

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY NOTIFY Judges and all departments that the roof contract will begin in

July, in order to change court dockets.

Supervisor LARRY BENEFIELD seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* *

| BOARD OF SUPE | MINUTES ERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM |
|---|---|
| | |
| Supervisor WILLIA | M M. MARTIN moved adoption of the following: |
| MINUTES A | (NOWLEDGING RECEIPT OF AND SPREADING ON THE LETTER FROM BRANCH ELECTRIC FOR SUB-CONTRACT COURTHOUSE REPAIRS IN THE AMOUNT OF \$19,810.00 |
| ORDERED BY THE B | OARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the |
| | OWLEDCE receipt of and spreading on the minutes a letter from |
| Branch Electric for sub-co | ontract work on Courthouse repairs in the amount of \$19,810.00. |
| | |
| · · · · · · · · · · · · · · · · · · · | BRANCH ELECTRIC COMPANY |
| | |
| | |
| Branch Fleetric Company P O Box 2247 | |
| Gulfport, Ms. 39505 Phone = 228-832-2006 Fax 228-831-1309 | May 19, 2004 |
| To: Harrison County Board of Superv | risors |
| P.O. Drawer CC Gulfport, Ms. 39502 P-865-4117F 868-1480 | |
| RE: Renovations. Phase 4 | |
| Harrison County Courthouse | |
| ATTENTION: HARRISON COUNTY | / BOARD OF SUPERVISORS: |
| Use amount owed is \$19,810,00 cons | y Board of Supervisors on notice of the amount owed to Branch Electric Co, isting of 4 outstanding invoices to MEH.Inc. I have enclosed a statement of outstanding invoices. If you need further information or have any questions listed numbers. |
| | |
| Sincerely | |
| Roger Branch | |
| i Branch Electric Co. | |
| oc/John McAdams & Joe Meadows, B | oard Attomey |
| | |
| | |
| Г.О. Рэж 2247 Gulfport, N.S. 39505 | |
| Confect, Ms. 8805 Phone- 228-8322006 Fax 202-83):13(6 | |
| | |

From: BRANCH ELECTRIC COMPANY 105 Edwards Drive Gulfport, MS 39503 (228) 832-2006 or (228) 831-4308 FAX (228) 831-1309

198

Proposal No. 03-1362

Date: October 1, 2003

| Proposal Submitted To | Worked Performed at: |
|--|--|
| MLH_CONSTRUCTION 15263 HAMILTON ST. LYMAN, MS. 39503 | Harrison County Courthouse Gulfport, MS |

Project: Renovations to Harrison County Courthouse Phase IV

We hereby propose to furnish the materials and perform the labor necessary for the completion of: The electrical as shown in the drawings and specifications including; all conduit and wiring, Light fixtures and lamps, breakers for existing panels, devices and cover plates, microphone and speakers in Courtroom, demo existing as required and shown on the drawings.

OUR PRICE FOR THIS WORK = \$ 36,560.00

11/2% interest per month on payments over 30 days (Our prices does not include bond nor bond premiums, sales tax not included)

| All material guaranteed as specified and the above work performe in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner fit the sum of: SEE PRICES ABOVE PAYMENTS TO BE MADE AS FOLLOWS: Monthly Progress Payments Signature: Roger Branch | NCCERTAINCE DEPARTCROST Sector The above prices, specifications and conditions are satisfactory and Are hereby accepted. You are authorized to complete this contract a specified. Payment will be made as outlined. Date of Acceptance: 10-3-03 Signature: Signature: |
|---|--|
|---|--|

-

| | Branch Electric Comp 105 Edwards Drive Gulfport, MS 39503 (228) 832-2006, OR | bany | | | PATE 8/2004 |
|--|---|-----------------------------------|-----------------|---|---|
| TO: MLH inc. | milton Street | | | | |
| | | ••• · · · · · · · · · · · · · · · | | AMOUNT DUE | AMOUNT EN |
| | | | | \$19,810.00 | |
| DATE | | TRANSACTION | | AMOUNT | BALANCE |
| 03/15/2003 10/16/2003 11/18/2003 01/20/2004 02/09/2004 02/12/2004 02/12/2004 03/22/2004 03/22/2004 04/21/2004 05/18/2004 | Phase 4 /H.C.C.II PMT #6872 INV #03-1558 INV #03-1566 INV #03-1575 INV #04-1582 PMT #6783 - MPC PMT #6799 INV #04-1601 INV #04-1601 INV #04-1609 - MPC # BB INV #04-1615 | | | -2,860.00 1,545.00 2,230.00 8,640.00 2,860.00 -1,545.00 -8,640.00 7,320.00 4,500.00 1,450.00 | -2; -1, 9, 12, 10, 8, 13, 18, 19, |
| | | | m | | |
| CURRENT | 1-30 DAYS PAST DUE | 31-60 DAYS PAST DUE | 61-90 DAYS PAST | OVER 90 DAYS PAST DUE | AMOUNT DI |

Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER AUTHORIZING THE BOARD ATTORNEY TO MAKE CLAIM TO ST. PAUL INSURANCE ON BOND OF MLH INC.

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY AUTHORIZE the Board attorney to make claim to St. Paul Insurance on bond of MLH Inc.

Supervisor **MARLIN R. LADNER** seconded the motion to adopt the above and foregoing order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN R. LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M. ROCKCO voted | AYE |

The motion having received the affirmative vote from the majority of the

supervisors present, the president declared the motion carried and the order adopted.

THIS, the 24th day of May 2004.

Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER REQUESTING KELEAL HASSIN TO PROVIDE UPDATE ON PHASE IV PROJECT, WITH AMOUNT PAID TO MLH, AND CONTACT SUBCONTRACTORS FOR AMOUNT PAID AND OWED TO THEM

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY REQUEST Keleal Hassin to provide update on Phase IV project, with amount paid to MLH, and contact subcontractors for amount paid and owed to them. Supervisor WILLIAM W. MARTIN seconded the motion to adopt the above and foregoing order, whereupon the question was put to a vote with the following results: Supervisor BOBBY ELEUTERIUS voted AYE Supervisor LARRY BENEFIELD voted AYE Supervisor MARLIN R. LADNER voted AYE

Supervisor WILLIAM W. MARTIN voted

Supervisor CONNIE M. ROCKCO voted

The motion having received the affirmative vote from the majority of the

AYE AYE

supervisors present, the president declared the motion carried and the order adopted.

THIS, the 24th day of May 2004.

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Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER AUTHORIZING BOARD ATTORNEY TO REQUEST MLH TO PROVIDE PERFORMANCE BOND

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY AUTHORIZE the Board attorney to request MLH to provide performance bond.

Supervisor **MARLIN R. LADNER** seconded the motion to adopt the above and foregoing order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN R. LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M. ROCKCO voted | AYE |

The motion having received the affirmative vote from the majority of the

supervisors present, the president declared the motion carried and the order adopted.

THIS, the 24th day of May 2004.

Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER APPROVING CLAIMS DOCKET, PER STATUTE

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE claims docket, per statute, as follows:

| FUND | DESCRIPTION | BEGINNING CLAIM | ENDING CLAIM |
|------|-----------------------------------|--------------------|-----------------|
| 001 | GENERAL COUNTY | 6834 | 7147 |
| 002 | SPECIAL LEVY REAPP (ESCROW) | 235 | 245 |
| 029 | SHERIFF'S FEDERAL FORFEITURE | 12 | 13 |
| 030 | FEDERAL GRANT | 161 | 171 |
| 061 | RSVP FEDERAL | 347 | 349 |
| 063 | CACFP CHILD ADULT CARE FOOD PROG. | 4 | 4 |
| 064 | HOME PROGRAM | 15 | 16 |
| 079 | LONG BEACH INDUSTRIAL PARK COBG | 4 | 4 |
| 096 | REAPPRAISAL FUND | 73 | 74 |
| 097 | EMERGENCY 911 FUND | 192 | 197 |
| 106 | VOLUNTEER FIRE | 303 | 313 |
| 109 | MS DEVELOPMENT BANK | 44 | 44 |
| 110 | RECORD MANAGEMENT FUND | 30 | 30 |
| 114 | SHERIFF'S FORFEITURE FUND | 34 | 34 |
| 115 | SHERIFF'S CANTEEN FUND | 124 | 134 |
| 125 | STATE TRIAD GRANT | 80 | 87 |
| 150 | ROAD FUND | 1752 | 1884 |
| 156 | ROAD PROTECTION FUND | 462 | 485 |
| 160 | BRIDGE & CULVERT FUND | 142 | 152 |
| 210 | GENERAL COUNTY B&I SKG FUND | 64 | 64 |
| 301 | CAPITAL PROJECT ROAD FUND | 45 | 48 |
| 303 | MS DEVELOPMENT BANK \$10M | 58 | 58 |
| 310 | MS DEV BANK \$5M | 47 | 50 |
| 382 | OLD POPPS FERRY CAPITAL PROJECT | 9 | 9 |
| 650 | JUDICIAL ASSESSMENT CLEARING | 61 | 62 |
| | | | |

Supervisor **CONNIE M. ROCKCO** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |
| | |

The Motion having received the affirmative vote from the majority of the

*

Supervisors present, the President then declared the motion carried and the Order adopted.

* *

THIS, the 24th day of May 2004.

Supervisor WILLIAM W. MARTIN moved adoption of the following:

ORDER TABLING PAYMENT OF CLAIM TO KELEAL S. HASSIN, INVOICE #4, PHASE IV RENOVATIONS TO GULFPORT COURTHOUSE, IN THE AMOUNT OF \$3,591.11

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY TABLE payment of claim to Keleal S. Hassin, Invoice #4, Phase IV

Renovations to Gulfport Courthouse, in the amount of \$3,591.11.

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN R. LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M. ROCKCO voted | AYE |

The motion having received the affirmative vote from the majority of the

*

supervisors present, the president declared the motion carried and the order adopted.

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THIS, the 24th day of May 2004.

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER AUTHORIZING PAYMENT OF CLAIMS, AS LISTED

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY AUTHORIZE payment of claims, as listed:

1) \$1,178.28 to Brown & Mitchell, Inv. #13008, services on the West Orange Grove Drainage Systems, payable from 303 702 581.

2) \$9,053.66 total payment to Keleal S. Hassin, architectural services rendered on projects, as listed, payable from 109 151 902:

a) Invoice No. 1, reroofing Biloxi Courthouse, \$6,982.50

b) Invoice No. 3, replacement of brick & Windows at Biloxi courthouse,

\$2,071.16

3) \$9,768.75 to Hessell & Associates, services for the HOME Program and general planning, payable from 064 459 556.

4) \$10,400.00 total to Jimmy G. Gouras of Urban Planning Consultants Inc., administrative services on CDBG Project 99-024-ED-IF01, Long Beach Industrial Park, Invoice dated May 27, 2003 for \$5,200.00, and Invoice dated July 22, 2003 for \$5,200.00.

Supervisor **WILLIAM M. MARTIN** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors present, the President then declared the motion carried and the Order adopted. THIS, the 24th day of May 2004.

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Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER APPROVING CIAP PAYMENTS, AS LISTED, AS APPROVED BY DEE DEE CASE OF DEQ, PAYABLE FROM 073 641 555 UPON RECEIPT OF FUNDS

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE CIAP payments, as listed, as approved by Dee Dee Case of DEO, payable from 073 641 555 upon receipt of funds:

a) \$1,188.75 to Harrison County Wastewater & Solid Waste for MS.24.03, Payment

Request No. 12, Long Range Wastewater Planning Study.

b) \$499.50 to Harrison County Wastewater & Solid Waste for MS.24.04, Payment

Request No. 11, Non-Point Source Management Plan.

Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* *

Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER AUTHORIZING PAYMENT OF \$900.00 TO HOLLY CHAUVIN, REFUND FOR TAXES PAID IN ERROR, PARCEL 0808K-03-133.043, HOMESTEAD CREDIT LEFT OFF FOR 2000, 2001 AND 2002

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY AUTHORIZE payment of \$900.00 to Holly Chauvin, refund for taxes paid in error, Parcel 0808K-03-133.043, homestead credit left off for 2000, 2001 and 2002.

Supervisor LARRY BENEFIELD seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

* *

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER AUTHORIZING ADVERTISEMENT FOR BIDS FOR BINDING OF 1926 ASSESSOR PLATS

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY AUTHORIZE advertisement for bids for binding of 1926 Assessor Plats.

Supervisor LARRY BENEFIELD seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the

supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

210

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER ADOPTING RECORDS RETENTION SCHEDULES AFFECTING THE CHANCERY CLERK, TAX ASSESSOR AND COUNTY HEALTH INSURANCE DEPARTMENT, APPROVED BY THE LOCAL COVERNMENT RECORDS COMMITTEE ON MAY 18, 2004, AS LISTED

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY ADOPT the Records Retention Schedules affecting the Chancery Clerk, Tax Assessor and County Health Insurance Department, approved by the Local Government Records Committee on May 18, 2004, as listed:

| | PROPOSE | PROPOSED RECORDS RETENTION SCHEDULE | HEDULE |
|-----------|--------------------------|--|------------------|
| | | Counties | |
| | | Chancery Clerk | |
| SERIES | TITLE | DESCRIPTION | RETENTION |
| GSC 01-47 | Mobile Home Roll | Annual assessment rolls listing appraised value of mobile homes. | Seven (7) years. |
| GSC 01-48 | Publication of Tax Sales | Copies of published notice of tax sale. | Ten (10) years. |
| | | | |

These retention schedules are being presented May 18, 2004, to the meeting of the Local Government Records Committee. Use of these schedules for records disposition may not be undertaken until approval by the committee. Approved retention guidelines are available at "www.mdafi.state.ns.us."

Puge 1 of b

PROPOSED RECORDS RETENTION SCHEDULE

Counties

Health Insurance

| SERIES | TITLE | DESCRIPTION | RETENTION |
|-----------|---|--|--|
| GSC 18-01 | Enrollment Forms | Enrollment forms of participants in insurance program. | One (1) year after superseded. |
| GSC 18-02 | Change of Enrollment | Adjustments made by participants to insurance coverage. | One (1) year after superseded. |
| GSC 18-03 | HIPAA Privacy Notice | Signed acknowledgements of receipt of HIPAA privacy notice. | Two (2) years after termination of employee. |
| GSC 18-04 | Contract with Third Party Administrator | Contract between the county and the third party administrator of the health insurance plan. | Three (3) years after contract expires. |
| GSC 18-05 | Business Associates Agreement | Agreements between the county health insurance plan and entities that use or disclose health information of covered participants. | Six (6) years. |
| GSC 18-06 | Third Party Administrator Report (not containing PHI) | Reports that do not contain protected health information which are submitted by the third party administrator of the health insurance plan. | Three (3) years after release of audit. |
| GSC 18-07 | Protected Health Information (PHI) | All documents received by the county that contains protected health information. | Six (6) years. |
| GSC 18-08 | Disclosure Requests | Requests from plan participants for information on all entities receiving protected health information on the participant. | Six (6) years. |

These retention schedules are being presented May 18, 2004, to the meeting of the Local Government Records Committee. Use of these schedules for records disposition may not be undertaken until approval by the committee. Approved retention guidelines are available at "www.mdah.state.ms.us."

Page 2 of 6

BOARD OF SUPERVISORS

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MAY

2004

TERM

HARRISON COUNTY, MISSISSIPPI

PROPOSED RECORDS RETENTION SCHEDULE

Counties

Health Insurance

| SERIES | TITLE | DESCRIPTION | RETENTION |
|-----------|------------------------|---|----------------|
| GSC 18-09 | Disclosure Information | Responses by the county to participants submitting disclosure requests. | Six (6) years. |

These retention schedules are being presented May 18, 2004, to the meeting of the Local Government Records Committee. Use of these schedules for records disposition may not be undertaken until approval by the committee. Approved retention guidelines are available at "www.mdab.state.ms.us."

Page 3 of 6

BOARD OF SUPERVISORS MAY M _ 2004 **TERM** 2 C HARRISON COUNTY, MISSISSIPPI -1 П S 213

PROPOSED RECORDS RETENTION SCHEDULE

Counties

Tax Assessor

| SERIES | TITLE | DESCRIPTION | RETENTION |
|-----------|--|---|------------------|
| GSC 17-04 | Preliminary Tax Roll | Preliminary roll prior to changes/corrections made by Board of Supervisors. | Three (3) years. |
| GSC 17-05 | Disallowed Homestead Exemption Applications | Applications for homestead exemption that have been rejected. | Three (3) years. |
| GSC 17-06 | Petitions for Change in Assessed Value | Requests from landowners for adjustments in valuations of property. | Three (3) years. |

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These retention schedules are being presented May 18, 2004, to the meeting of the Local Government Records Committee. Use of these schedules for records disposition may not be undertaken until approval by the committee. Approved retention guidelines are available at "www.mdah.state.ms.us."

Page 4 of 6

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN R. LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M. ROCKCO voted | AYE |

The motion having received the affirmative vote from the majority of the

supervisors present, the president declared the motion carried and the order adopted.

THIS the 24th day of May 2004.

* *

Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER ACKNOWLEDGING RECEIPT OF MINUTES AND EXPENDITURES OF THE HARRISON COUNTY DEVELOPMENT COMMISSION FOR THE MEETING OF MARCH 30, 2004, RECEIVED BY AND ON FILE WITH THE CLERK OF THE BOARD/COUNTY AUDITOR, PER SEC. 59-9-27(2), MISS. CODE OF 1972 ANNOTATED

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY ACKNOWLEDGE receipt of Minutes and Expenditures of the Harrison County Development Commission for the meeting of March 30, 2004, received by and on file with the Clerk of the Board/County Auditor, per Sec. 59-9-27(2), Miss. Code of 1972 Annotated.

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* *

Supervisor <u>CONNIE ROCKCO</u> moved the adoption of the following Resolution:

A RESOLUTION OF THE HARRISON COUNTY BOARD OF SUPERVISORS HONORING DALLAS HEBERT UPON WINNING THE USA SPEED SKATING WORLD TOUR IN FRANCE, AND FOR RELATED PURPOSES.

WHEREAS, Dallas Hebert has distinguished himself and brought credit upon Harrison County when he competed in the 11-12 year old division at the International Trophee Des Trois Pistes in France; and

WHEREAS, Dallas competed against 78 skaters in his age division; and

WHEREAS, after winning the first day of racing, he was the only American left in his age division; and

WHEREAS, on the last day of racing in Gujan-Mestras, Dallas finished first to win overall; and

WHEREAS, Dallas goes to the Olympic Training Center May 26-June 2, 2004 to compete in the outdoor speed skating nationals; and

WHEREAS, Dallas has received support and encouragement from his parents, Mr. and Mrs. Tommy Hebert, Jr. and his grandparents, Mr. and Mrs. Tommy Hebert, Sr.

WHEREAS, Dallas has compiled an outstanding record in his age division of speed skating, and it is fitting that this outstanding young man be recognized for his hard work and accomplishments

NOW THEREFORE BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, AS FOLLOWS:

SECTION I. Upon the adoption of this Resolution, the Harrison County Board of Supervisors, on behalf of the Citizens of Harrison County, does hereby commend Dallas Hebert upon winning the USA Speed Skating World Tour in France for his age division.

SECTION II. As Dallas continues training at the Olympic Training Center on May 26 through June 2, to compete in the Outdoor Speed Skating Nationals, the Board wishes to commend him and wish him well.

SECTION III. A certified copy of this Resolution shall spread upon the official minutes of Harrison County Board of Supervisors, there to remain as a testament to the accomplishment of Dallas Hebert.

Supervisor <u>MARLIN LADNER</u> seconded the Motion to adopt the above and foregoing Resolution whereupon the President put the question to a vote with the following results:

| Supervisor | BOBBY ELEUTERIUS | voted, | AYE , |
|------------|------------------|--------|--------------|
| Supervisor | MARLIN LADNER | voted, | AYE |
| Supervisor | LARRY BENEFIELD | voted, | <u>AYE</u> , |
| Supervisor | CONNIE ROCKCO | voted, | .AYE′ |
| Supervisor | WILLIAM MARTIN | voted, | AYE |

The majority of the members present having voted in the affirmative, the President then declared the Motion carried and the Resolution adopted on this the 24th day of $\frac{May}{2004}$.

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The following Resolution of the Harrison County Development Commission came before the Board for consideration:

RESOLUTION

There next came on for discussion the conveyance of certain real property located in Port Intraplex to AMERICAN CAT CON, LLC, and after a general discussion of the subject, Commissioner Franklyn Kyle, Jr., on behalf of the Marketing Industrial Committee, offered the

following Resolution for adoption by the Harrison County Development Commission:

A RESOLUTION OF THE HARRISON COUNTY DEVELOPMENT COMMISSION AUTHORIZING THE CONVEYANCE OF THAT CERTAIN TRACT OF REAL PROPERTY, GENERALLY DESCRIBED AS 1.4 ACRES SITUATED ADJACENT TO THE SOUTHERN PROPERTY LINE OF THE REAL PROPERTY OF AMERICAN CAT CON, LLC, BEING ON THE NORTHWEST CORNER OF THE INTERSECTION OF SOUTHPARK DRIVE AND GLASCOCK DRIVE, PORT INTRAPLEX, FIRST JUDICIAL DISTRICT OF HARRISON COUNTY, MISSISSIPPI PURSUANT TO THE TERMS AND CONDITIONS OF THE CONTRACT APPROVED BY THE HARRISON COUNTY DEVELOPMENT COMMISSION.

BE IT RESOLVED by the Harrison County Development Commission that:

WHEREAS, at its regular meeting of March 30, 2004 the Harrison County Development Commission approved the sale of that certain tract of real property generally described as 1.4 acres situated adjacent to the Southern property line of American Cat Con, LLC, being on the Northwest corner of the intersection of Southpark Drive and Glascock Drive, Port Intraplex, First Judicial District of Harrison County, Mississippi to AMERICAN CAT CON, LLC for the purpose of the expansion of its existing facility pursuant to the terms and conditions of a Real Estate Purchase Contract approved that date which, among other things, included a purchase price of \$70,000; and

WHEREAS, the Harrison County Development Commission does find and so adjudicate that the sale of that certain tract of real property described as 1.4 acres situated adjacent to the Southern property line of American Cat Con, LLC, being on the Northwest corner of the intersection of Southpark Drive and Glascock Drive, Port Intraplex, First Judicial District of Harrison County,

Mississippi shall be made pursuant the terms and conditions of the Real Estate Purchase Contract attached to this Resolution as Exhibit "A", and the Harrison County Development Commission does so find and adjudicate that said terms are fair and reasonable and ensures that the conveyance contemplated therein shall be in furtherance of the goals and purposes of the Harrison County Development Commission as articulated in Mississippi Code §59-9-1, et seq.

WHEREAS, the Harrison County Board of Supervisors, should be requested to concur herein and to join in the execution and conveyance of the afore-described real property. It is therefore,

RESOLVED, that the President and Secretary of the Harrison County Development Commission are hereby authorized and directed to execute a Special Warranty Deed conveying said real property in substantial conformity to the Special Warranty Deed attached as Exhibit "A" to the Real Estate Purchase Contract attached to this Resolution as Exhibit "A", it is, further

RESOLVED, that the Harrison County Board of Supervisors is hereby requested to concur in this resolution and to join in the conveyance and execution of the Special Warranty Deed contemplated by the contract attached as Exhibit "A".

On a roll call vote, the result was as follows:

| Commissioner Bert Allen | Voted: Absent |
|--|----------------------|
| Commissioner Richard Bennett, Jr. | Voted: Absent |
| Commissioner Frank Castiglia, Jr. | Voted: <u>AYE</u> |
| Commissioner Franklin Kyle, Jr. | Voted: <u>AYE</u> |
| Commissioner Alicia Ellis | Voted: <u>AYE</u> |
| Commissioner Bill Lyons | Voted: <u>AYE</u> |
| Commissioner Don Mason | Voted: <u>Absent</u> |
| Commissioner Bruce Nourse | Voted: <u>Absent</u> |
| Commissioner Philip Terrell | Voted: <u>AYE</u> |
| Commissioner Jimmy Walker | Voted: <u>AYE</u> |
| Commissioner Elmer Williams, President | Voted: <u>AYE</u> |

HCDC Form 2/20/01

A majority of the Members present and voting in the affirmative, the President declared the

motion carried and the resolution adopted on the 30th day of March, 2004.

HCDC Form 2/20/01

STATE OF MISSISSIPPI

COUNTY OF HARRISON

CERTIFICATE

l, Merry Mayo, Staff Secretary of the Harrison County Development Commission, hereby certify that the attached Resolution dated March 30, 2004, is a true and correct copy of such Resolution adopted on such date.

WITNESS MY SIGNATURE, this the Philaday of May, 2004.

Merry Mayol Stall Secretary (

Merry Mayol Staff Secretary O Harrison County Development Commission

SWORN TO AND SUBSCRIBED BEFORE ME, this the May and May, 2004.

ANNE PA NOTARI PUBLIC PRISON COUT

MY COMMISSION EXPIRES: Notary Public State of Mississippi Al Large My Commission Expires: April 4, 2006 Bonded Thru Dixle Notary Service, Inc.

HCDC Form 2/20/01

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REAL ESTATE PURCHASE CONTRACT

This is a contract by and between the HARRISON COUNTY DEVELOPMENT COMMISSION. acting for and on behalf of HARRISON COUNTY, MISSISSIPPI, (hereinafter referred to as "Seller"), and AMERICAN CAT CON LLC, (hereinafter referred to as "Buyers").

WHEREAS, Seller owns certain real property which Seller desires to sell to Buyer and which Buyer wishes to purchase from Seller.

NOW, THEREFORE, in consideration of mutual promises, warranties and undertakings expressed herein, Seller and Buyer agree as follows:

AGREEMENT. Subject to the terms and conditions of this Contract, Seller shall sell to 1. Buyer, and Buyer shall purchase from Seller, that certain tract of real property, located in Harrison County, Mississippi, in the Bernard Bayou Industrial District (Exhibit "A").

PURCHASE PRICE. The Purchase Price for the Property is \$70,000. Said Purchase 2. Price is to be paid in eash at closing.

PURPOSE. The above described land will be used for the specific purpose of an expansion of the existing industrial operation, and such conveyance shall contain a covenant providing that if the Purchaser fails to use the land for said purpose within one (1) year from the date of this sale, Seller shall have the option, but not the obligation to repurchase said land at the price paid in Section 2 above less any legal, engineering or real estate fees incurred by the Commission relating to this sale. Any improvements made by the purchaser, prior to the expiration of the Commission's right to repurchase the property, other than improvements made in furtherance of the stated purpose shall be made at the risk the purchaser,

4. DEPOSIT. Upon approval of this contract by the Harrison County Development Commission, buyer shall deliver to the Harrison County Development Commission an amount equal to 10% of the purchase price stipulated in paragraph 2 above. In the event the transaction contemplated hereby closes as provided herein, the Deposit shall be paid to Seller at Closing with Buyer receiving a corresponding credit against the portion of the Purchase Price payable in cash at Closing. If the transaction fails to close due to operation of paragraph 10, or in the event that the Harrison County Development Commission and/or the Harrison County Board of Supervisors decline to approve the sate contemplated by this contract, then the Deposit shall be disbursed to the Buyer. If the transaction otherwise fails to close due to Seller' inability or refusal to perform in breach hereof, the Buyer shall be entitled to the prompt return to it of the Deposit.

EXPENSES AND PRORATION ITEMS. Each party shall bear its own internal costs 5. including attorney's fees. Real estate taxes, utilities, and any other similar assessment affecting title to the Property shall be prorated as of the date of Closing. Recording fees to record the deed conveying title to the Property shall be paid by Seller.

BROKER. The Seller and Buyer warrant and represent to each other that no broker has 6. assisted in the transaction contemplated by this Contract and that no broker is entitled to a commission upon closing or otherwise.

TITLE, At Closing, Sel title to the Property to Buyer by Special Warranty 7. Deed. Buyer shall take title as follow

EXHIBIT

ON LLC. Title may not be assigned after

approval of this contract by the Harrison County Development Commission. Such request is approved by the Board of Commissioners of the Harrison County Development Commission at a regular monthly meeting of same and by the Harrison County Board of Supervisors.

8. INDEMNIFICATION. The Purchaser shall protect and indemnify and hold harmless Harrison County and the Harrison County Board of Supervisors and the Harrison County Development Commission, its members, directors, officers, employees, agents, and any successors thereof from any and all loss, damages, suits, penalties, costs, liability, or expenses arising out of any claim for loss or damage to property, injuries to or death of persons, contamination of or adverse effect on the environment, or any violation of federal, state, or local environmental laws, ordinances, rules, or regulations, caused by or resulting from any hazardous materials, substance, gas, or liquid as defined by the Comprehensive Environmental Response Compensation and Liability Act, 42 U.S.C. § 8691, et seq., or other similar federal, state, or local law or ordinance in the rules or regulations promulgated thereof under which would necessitate response or remedial action under the aforesaid laws, ordinances, rules, or regulations, arising from the acts and/or omissions of Purchaser. These indemnifications and hold harmless obligations shall be in addition to any and all other remedies available to Seller.

9. SELLER REPRESENTATION. Seller knows of no hazardous substances on or under the property and, if any such information comes to the attention of Seller prior to closing, Seller will promptly notify purchaser in writing.

£0. TITLE INSPECTIONS. Buyer at its option, within fifteen (15) days of the Effective Date hereof, obtain title insurance commitment relating to the Property, together with copies of all recorded documents referred to in the commitment, committing to insure marketable fee simple title in Buyer, subject only to standard title insurance except, any and all easements, rights-of-way of record, covenants, and/or other matters approved by Buyer as herein provided. Within fifteen (15) days after Buyer's receipt of the title commitment, Buyer shall give Seller notice of any exception to title to which Buyer objects. In the event that Seller are unable or unwilling to remove such objectionable exceptions at or before Closing, then to the exclusion of any other remedies which might otherwise be available to Buyer, Buyer shall either, at its election, (i) proceed to Closing, with no adjustment to Purchase Price, with the objectionable exception on title, or (ii) terminate this contract and upon any such termination, excepting only the farce and effect of those provisions of this Contract which by their express terms survive termination of this Contract, this Contract shall be terminated and of no further force or effect and the parties hereto shall have no further rights or obligations under this Contract and the Deposit together with any interest earned thereon shall be promptly paid to Buyer and Buyer's sole and exclusive remedy. Failure by Buyer to timely provide Seller with notice of objections to title as described above shall be deemed to be an acceptance by Buyer of any exceptions to title to any portion of the Property which may exist.

11. NOTICES. Any notices given under this Contract shall be in writing and, except as otherwise provided herein, shall be deemed given when received. Notices may be sent via facsimile transmission. If notice is sent by certified mail, postage prepaid, addressed to the following addresses, notice will be deemed received on the earlier of the date of actual receipt or five (5) days after its deposit with the U.S. Post office. Notices sent by mail shall be addressed to the following addresses:

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If to Seller:

 Ilarrison County Development Commission Post Office Box 1870 Gulfport, Mississippi 39502 Telephone No.: (228) 863-3807 Fax No.: (228) 863-4555

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• If to Buyer:

Allen Hickman American Cat Con LLC 10123 Southpark Drive Gulfport, MS 39505-3929 Telephone No: (228) 897-1740

12. EFFECTIVE DATE. The effective date of this contract shall be on the date it is approved by the Harrison County Board of Supervisors. In the event that the contract is executed on different dates, the date of execution shall be considered to be the date it was signed by the last party.

13. BUILDING APPROVAL. No building or other construction shall be erected or placed on any lot, or altered, until the complete construction plans and specifications have been submitted to the Engineering and Maintenance Committee of the Harrison County Development Commission (HCDC) and have been approved by the HCDC through its engineering firm of Brown & Mitchell for conformance with quality of workmanship and materials, harmony and external design and for compliance with these covenants, conditions, and restrictions. In the event HCDC fails to approve any application within thirty (30) days after plans and specifications have been submitted, approval will not be required and the related covenants shall be deemed to have been fully complied with.

14. DRAINAGE PLAN. A drainage plan prepared and certified by a registered professional engineer must be included in the construction drawings. Drainage plans shall provide for positive drainage to existing drainage ditches or structures and/or street right-of-ways and shall not be directed to adjacent property. Drainage ways shall conform to all requirements of all applicable governmental authorities, as in effect from time to time, aud no storage, discharge, or drainage of water, waste, chemicals, or other residue shall be allowed except in strict compliance with all applicable governmental rules, regulations, and authorities, as in effect from time to time.

15. COVENANTS. The covenants and obligations of this contract shall survive the execution of the Deed,

16. **MISCELLANEOUS.** This Contract supersedes all prior agreements between the parties with respect to the subject matter hereof. Headings are for convenience only and are not a part of this Contract Any failure by any of the parties to comply with any of the obligations, agreement, or conditions set forth in this Contract may be waived by the other party, but any such waiver shall not be deemed a waiver of any other obligations or conditions contained in this Contract. A corporate officer signing this document on behalf of a corporate party warrants that he or she has full authority to sign this document. This Contract, the presumption that contracts are to be construed against the drafter shall not be applicable. If any provision of this Contract is held to be illegal, invalid, or unenforceable, such provisions shall be severable and the remaining provisions of this Contract shall be entitled to collect all reasonable attorneys' fees and costs. This Contract may not be altered, amended, or modified except by written instrument signed by all parties. This Contract may be assigned by Buyers with the prior written consent of Seller and Seller's consent shall not be unreasonably withheld.

17. CLOSING. The sale of said property is to be closed within forty-five (45) days of approval by the Harrison County Board of Supervisors.

APPROVALS. This contract is conditioned upon approval of same by the Harrison · · 18. County Development Commission and the Harrison County Board of Supervisors.

GOVERNING LAW. This Contract contains all of the agreements and representations 19. between the parties. No change or modifications of this agreement shall be valid unless the same be in writing and signed by the Buyer and Seller.

SAVING CLAUSE. In the event any term or provision of this Contract should be 20. determined to be illegal, unenforceable, or invalid, the remaining terms and provisions shall not be affected thereby and shall be read and construed as if such illegality, unenforceable, or invalid terms or provisions were not originally contained therein.

COUNTERPARTS. This agreement may be executed in counterparts. 21.

The parties have hereunto set their hands with the intent to be legally bound as of the dates by their signature.

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SELLER:

HARRISON COUNTY DEVELOPMENT COMMISSION

By: Kinhelig Compth Date: 4-5-04 alfon are Hice Date: 04-01-04

BUYER:

INDEXING INSTRUCTIONS:

STATE OF MISSISSIPPI COUNTY OF HARRISON

SPECIAL WARRANTY DEED

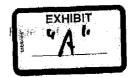
FOR AND IN CONSIDERATION of the sum of SEVENTY THOUSAND DOLLARS AND NO/100 (\$70,000.00), cash in hand paid and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, the undersigned, HARRISON COUNTY DEVELOPMENT COMMISSION, Post Office Box 1870, Gulfport, Mississippi, 39502, (228-863-3807), acting for and on behalf of the HARRISON COUNTY BOARD OF SUPERVISORS, and the HARRISON COUNTY BOARD OF SUPERVISORS, Harrison County Courthouse, Gulfport, Mississippi 39502 (228-865-4001), and jointly acting for and on behalf of HARRISON COUNTY, MISSISSIPPI, as Grantors, do hereby sell, convey and specially warrant unto AMERICAN CAT CON, LLC, a Mississippi limited fiability company, as Grantee, the following described property situated in the First Judicial District of Harrison County, Mississippi, to-wit:

> That certain tract of real property, being generally described as 1.4 acres situated adjacent to the Southern property line of American Cat Con, LLC, being on the Northwest corner of the intersection of Southpark Drive and Glascock Drive, Port Intraplex, First Judicial District of Harrison County, Mississippi, and being more particularly described by the survey of prepared by Brown & Mitchell attached hereto as Exhibit "A".

Ad Valorem taxes, if any, for the current year are prorated and assumed by the Grantee.

This conveyance is subject to all restrictive covenants and easements of record.

The above-described real property shall be used for the purpose of expanding Grantee's



existing facility, and if the Grantee fails to use the land for said purpose within one year from the date of the sale, Sellers shall have the option, but not the obligation, to repurchase such land at the purchase price as stated above.

Witness my signature on this the _____ day of May, 2004

HARRISON COUNTY DEVELOPMENT COMMISSION

BY:

ATTEST:

William Lyons, Secretary

HARRISON COUNTY BOARD OF SUPERVISORS

BY: ____

Bobby Eleuterius, President

Elmer Williams, President

ATTEST:

Clerk

THIS INSTRUMENT PREPARED BY: Allen, Vaughn, Cobb & Hood, PA Оце Hancock Plaza, 12th Floor Gulfport, MS 39501 (228) 864-4011

STATE OF MISSISSIPPI COUNTY OF HARRISON

PERSONALLY came and appeared before me on this the _____ day of November, 2003, the undersigned authority in and for the County and State aforesaid, the within named Ehner Williams, President, and William Lyons, Secretary, of the Harrison County Development Commission, a public entity of the State of Mississippi, and who acknowledged that they signed and delivered the above and foregoing instrument on the day and year therein set out as the act and deed of the Harrison County Development Commission, they having full authority to do so. WITNESS my hand and official seal of office on this the _____day of May, 2004.

NOTARY PUBLIC

My Commission Expires:

STATE OF MISSISSIPPI COUNTY OF HARRISON

PERSONALLY came and appeared before me on this the _____ day of November, 2003, the undersigned authority in and for the County and State aforesaid, the within named Bobby Eleuterius, President, and John McAdams, Clerk, of The Harrison County Board of Supervisors, a public entity of the State of Mississippi, and who acknowledged that they signed and delivered the above and foregoing instrument on the day and year therein set out as the act and deed of the Harrison County Board of Supervisors, they having full authority to do so.

WITNESS my hand and official seal of office on this the _____ day of May, 2004.

NOTARY PUBLIC

My Commission Expires:

Page 3 of 3

<u>ORDER</u>

AN ORDER CONCURRING IN THE RESOLUTION OF THE HARRISON COUNTY DEVELOPMENT COMMISSION AUTHORIZING THE CONVEYANCE OF THAT CERTAIN TRACT OF REAL PROPERTY, GENERALLY DESCRIBED AS 1.4 ACRES SITUATED ADJACENT TO THE SOUTHERN PROPERTY LINE OF THE REAL PROPERTY OF AMERICAN CAT CON, LLC, BEING ON THE NORTHWEST CORNER OF THE INTERSECTION OF SOUTHPARK DRIVE AND GLASCOCK DRIVE, PORT INTRAPLEX, FIRST JUDICIAL DISTRICT OF HARRISON COUNTY, MISSISSIPPI PURSUANT TO THE TERMS AND CONDITIONS OF THE CONTRACT APPROVED BY THE HARRISON COUNTY DEVELOPMENT COMMISSION.

It is, therefore,

ORDERED, that receipt of a Resolution by the Harrison County Development Commission authorizing the conveyance of certain real property described as 1.4 acres situated adjacent to the Southern property line of American Cat Con, LLC, being on the Northwest corner of the intersection of Southpark Drive and Glascock Drive, Port Intraplex, First Judicial District of Harrison County, Mississippi, to AMERICAN CAT CON, LLC pursuant to the terms and conditions of a Real Estate Purchase Contract for the purchase and sale of said real property by and between the Harrison County Development Commission and AMERICAN CAT CON, LLC, which was attached as Exhibit "A" to the Resolution of the Harrison County Development Commission, and to concur therein and to join in said conveyance is hereby acknowledged. It is, further,

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ORDERED, that this Board does concur in said Resolution and adopts the findings contained therein; and it is, further.

ORDERED, that the Harrison County Board of Supervisors does hereby approve the conveyance of certain real property generally described as 1.4 acres situated adjacent to the Southern property line of American Cat Con, LLC, being on the Northwest corner of the intersection of Southpark Drive and Glascock Drive, Port Intraplex, First Judicial District of Harrison County, Mississippi to AMERICAN CAT CON, LLC pursuant to the terms and conditions of the Real Estate Purchase Contract attached as Exhibit "A" to the Resolution of the Harrison County Development Commission; and It is, further,

ORDERED, that the President and Clerk of this Board are hereby authorized and directed to execute a Special Warranty Deed in substantial conformity to the Special Warranty Deed attached to the Real Estate Purchase Contract attached as Exhibit "A" to the Resolution of the Harrison County Development Commission.

| SUPERVISORWilliam Martin | seconded | the |
|--------------------------|----------|-----|
|--------------------------|----------|-----|

motion, and on a roll call vote, the result was as follows:

| Supervisor Bobby Eleuterius | Voted: <u>Aye</u> |
|-----------------------------|-------------------|
| Supervisor Larry Benefield | Voted: <u>Aye</u> |
| Supervisor Marlin R. Ladner | Voted: Aye |
| Supervisor William Martin | Voted: <u>Aye</u> |
| Supervisor Connie M. Rockeo | Voted: <u>Aye</u> |

A majority of the Supervisors present and voting in the affirmative, the President declared the motion carried and the order adopted on the 24th day of May, 2004.

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Supervisor WILLIAM M. MARTIN moved adoption of the following:

ORDER RE-APPOINTING ROBERT "BOB" LUTZ AS A MEMBER OF THE HARRISON COUNTY TOURISM COMMISSION FOR A TERM ENDING MAY 2006

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY REAPPOINT Mr. Robert "Bob" Lutz as a member of the Harrison County Tourism Commission for a term ending May 2006.

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

*

*

The Motion having received the affirmative vote from the majority of the Supervisors

present, the motion was declared carried and the Order adopted.

THIS, the 24TH day of May 2004.

Supervisor WILLIAM W. MARTIN moved adoption of the following:

ORDER REAPPOINTING MR. W. C. FOWLER AS A MEMBER OF THE HARRISON COUNTY TOURISM COMMISSION FOR A TERM ENDING MAY 31, 2008

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY REAPPOINT Mr. W. C. Fowler as a member of the Harrison County Tourism Commission for a term ending May 31, 2008, whose term expired May 31, 2003 and who has continued to serve at the pleasure of the Board.

Supervisor **MARLIN R. LADNER** seconded the motion to adopt the above and foregoing order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN R. LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M. ROCKCO voted | AYE |

The motion having received the affirmative vote from the majority of the

supervisors present, the president declared the motion carried and the order adopted.

THIS, the 24th day of May 2004.

*

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Supervisor WILLIAM W. MARTIN moved adoption of the following:

ORDER REAPPOINTING MR. GEORGE WATSON AS A MEMBER OF THE HARRISON COUNTY TOURISM COMMISSION FOR A TERM ENDING MAY 31, 2008

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY REAPPOINT Mr. George Watson as a member of the Harrison County

Tourism Commission for a term ending May 31, 2008, whose term expired May 31, 2003 and

who has continued to serve at the pleasure of the Board.

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN R. LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M. ROCKCO voted | AYE |

The motion having received the affirmative vote from the majority of the

supervisors present, the president declared the motion carried and the order adopted.

THIS, the 24th day of May 2004.

*

(SUPERVISOR LARRY BENEFIELD OUT ON VOTE)

Supervisor WILLIAM M. MARTIN moved adoption of the following:

ORDER APPROVING INSTALLATION OF STREET LIGHTS, AS LISTED

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY APPROVE installation of street lights, as listed:

a) 12522 Perkins Lane; Supervisor's Voting District 2

b) 13032 Perkins Lane; Supervisor's Voting District 2

Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|---------------|
| Supervisor LARRY BENEFIELD voted | (OUT ON VOTE) |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* *

(SUPERVISOR LARRY BENEFIELD OUT ON VOTE)

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER ACKNOWLEDGING RECEIPT OF CHECK FROM FAMILY COURT VOLUNTEER FUND (DREAM WEAVERS) IN THE AMOUNT OF \$2,900.00 FOR SUMMER RECREATIONAL WORKER, AND AUTHORIZING BUDGET AMENDMENT TO 001-174-430

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY ACKNOWLEDGE receipt of check from Family Court Volunteer Fund

(Dream Weavers) in the amount of \$2,900.00 for summer recreational worker, and

authorizing budget amendment to 001-174-430.

Supervisor WILLIAM M. MARTIN seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|---------------|
| Supervisor LARRY BENEFIELD voted | (OUT ON VOTE) |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* * *

(SUPERVISOR LARRY BENEFIELD OUT ON VOTE)

Supervisor WILLIAM M. MARTIN moved adoption of the following:

ORDER APPROVING THE LOAN APPLICATION OF LEAH SHOCKLEY TO HARRISON COUNTY HOME PROGRAM FOR STRUCTURE LOCATED AT 507 EAST OLD PASS ROAD, LONG BEACH IN SUPERVISOR'S VOTING DISTRICT 3 IN THE AMOUNT OF \$13,500.00, BEING \$12,500.00 DOWN PAYMENT AND \$1,000.00 FOR CLOSING COST, AND APPROVING ISSUANCE OF CHECK IN THE AMOUNT OF \$13,500.00 ISSUED TO ELITE TITLE

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY APPROVE the following loan application of Leah Shockley to Harrison

County HOME Program for structure located at 507 East Old Pass Road, Long Beach in

supervisor's Voting District 3 in the amount of \$13,500.00, being \$12,500.00 down payment

and \$1,000.00 for closing cost, and approving issuance of check in the amount of \$13,500.00 issued to Elite Title:

HARRISON COUNTY BOARD OF SUPERVISORS

HOME PROGRAM

A PROGRAM FUNDED BY THE O S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

P. O. BOX 6906 GULFPORT, MS 39596 TELEPHONE: 228-547-8096 FAX: 228-868-2690

Memorandum

Bobby Elenteries

District 1

Larry Bearf District 2

To: Board of Supervisors From: Bill Hessell ^{of} 4 Date: May 14, 2004 Subj.: HOML Program

Attached is a copy of the loan application of Leah Shockley. She is purchasing a house located at 507 East Old Pass Road, Long Beach. The purchase price is \$65,000.00. This house is in District

After reviewing her financial information and determining that she qualifies for first-time homebuyer assistance, I would like to recommend the approval of Mrs. Shockley's application. In addition, a check in the amount of \$13,500.00 (\$12,500.00 for down payment and \$1,000 for closing costs) will need to be approved. The check should be made to Elite Title, who is handling the closing, which is set for May 25, 2004.

As approved by the Board these funds are a loan to the applicant. Her loan pay back is based on the time she lives in the house. If you have any questions concerning the above, please do not besitate to contact me.

William W. Murtin

District 1

Marlin R. Lador

Osmit

Canule M. Hockey

District 5

John McAdams

Cleik

e 238

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

HARRISON COUNTY APPLICATION FOR HOMEBUYER ASSISTANCE

| . Applicant Deta | : | | |
|--|---|--------------------------|---------------------------------------|
| Name: <u>Lea</u> l | h Shockley | | 28)396-2062/ (228)385-7 |
| Social Security | No.: 425-59-6193 | Home | • • • • • • • • • • • • • • • • • • • |
| Address: 69 | 00 Motsie Rd #315 | 18.0000 0 | How Long: 4 years |
| City: <u>Biloxi</u> | Zip code: 39 | <u>9532</u> A | ge of Applicant: <u>23</u> |
| Employer: Sa | k's Inc. E | Biloxi, MS | (228)385-7470 |
| Nar | nc | Address | Telephone |
| Family Data: | endents (including yourself): | | |
| Humber of Dob | one of the second | , | |
| Frank S | hip and age of each dependent: hockley/Husband/40 Shockley/Daughter/5 hockley/Son/1 | | |
| Total Present N | fouthly lacome of Family: | ; | |
| 1. Base Pay: | Head of Household Spouse | \$ <u>1,124.00</u> \$ | |
| | Other | \$ | |
| T-1 | Other | \$, | 1 104 00 |
| 2, Other Earning | al of Family g: Net Income from Property (| 22 | 1,124.00 |
| a, con an ing | Social Security, Pensions, etc. | \$ \$ | |
| | Any other income | \$ | |
| Toti | al of Other Earnings | \$. | |
| 3. Total of all in | come: | 5 | 1,124.00 |
| | | | |
| Assets of Appli L Cash on hand | eant: and in cash accounts | \$ 100.00 | |
| | ecurities and bonds | \$ | |
| Equity in other | | \$ | |
| Any other ass | ets | \$ 15,000,00 | |
| Trada | al of Assets | | 15,100.00 |

| | they Housing Expenses: | \$ 415.00 |
|--|--|---|
| 1. Rental payn | nents | \$ 475.00 \$ N/A |
| Insurance Utilities | | \$ <u>85_00</u> |
| 4. Car paymen | to | \$N/A |
| 5, Credit cards | | \$ 32.00 |
| | , nonthly expenses | \$ |
| | otal Expenses | s _532.00 |
| F. Estimated An | inval Income for the next 12 mont | |
| 1. Base Pay: | Head of Household | <u>\$_1,124.00</u> |
| | Spouse | \$ |
| | Other | .\$ |
| | Other | \$ / A |
| | Mal of Family | \$\$ <u>1,124.00</u> |
| 2. Other Earni | ng: Net Income from Property Social Sceurity, Pensions, etc. | |
| | Any other income | \$ |
| ra | atal of Other Earnings | s <u>~0-</u> |
| 3. Total of all : | anticipated income | \$ 1,124.00 |
| | ay be obtained from any source nam | f the knowledge and belief of the applic ted herein. The Applicant(s) have received |
| of the Policy a | ay be obtained from any source nan nd Procedures and agrees to abide t be made pursuant to this application | red herein. The Applicant(s) have received by the requirements in connection with any l |
| of the Policy a | nd Procedures and agrees to abide b | red herein. The Applicant(s) have received a provided by the requirements in connection with any I |
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| of the Policy a grant that may Signature of A Signature of A Please do not writ Review of this an | nd Procedures and agrees to abide t be mode pursuant to this application pplicant pplicant e below, for County use only. | The Applicant(s) have received any the requirements in connection with any the second |

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Supervisor MARLIN R. LADNER seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results: Supervisor BOBBY ELEUTERIUS voted AYE

| Supervisor LARRY BENEFIELD voted | (OUT ON VOTE) |
|------------------------------------|---------------|
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the

Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

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(SUPERVISOR LARRY BENEFIELD OUT ON VOTE)

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER APPROVING CONTRACT BETWEEN PARTNERSHIP FOR A HEALTHY MISSISSIPPI, PARTNERSHIP FOR A HEALTHY HARRISON COUNTY AND HARRISON COUNTY BOARD OF SUPERVISORS FOR COMMUNITY YOUTH PARTNERSHIP FOR A PERIOD OF JUNE 1, 2004 THROUGH MAY 31, 2005 AND AUTHORIZING BOARD PRESIDENT TO EXECUTE SAME

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY APPROVE contract between Partnership for a Healthy Mississippi,

Partnership for a Healthy Harrison County and Harrison County Board of Supervisors for

Community Youth Partnership for a period of June 1, 2004 through May 31, 2005 and

authorizing Board President to execute same.

Community Youth Partnership CONTRACT

PARTIES

THIS CONTRACT is entered into between The Partnership for a Healthy Mississippi, a non-profit Mississippi corporation, (hereinafter PHM) and The Partnership for a Healthy Harrison County, (hereinafter CYP) and Harrison County Board of Supervisors, a governmental or charitable, (hereinafter RECIPIENT)

PERIOD OF CONTRACT

THE TERM of this contract begins on the date of execution. The effective date for the beginning of performance of the services described in this contract is the 1st day of June, 2004 and concludes the 31st day of May, 2005.

STATEMENT OF WORK

The RECIPIENT IS REQUIRED to have experienced personnel, resources, facilities, equipment, etc., necessary to fulfill its obligations under this contract. The RECIPIENT will be required to perform the duties outlined in Attachment "A" of this contract as incorporated into this agreement by reference. Failure to meet all requirements outlined in Attachment "A" in a timely manner may result in contract termination (See "TERMINATION, 3. Termination for Cause)

In addition, RECIPIENT agrees to comply with all provisions in the PHM CYP Policy and Procedure Manual.

RECIPTENT shall perform programs in the assigned geographic area as outlined in Attachment "A".

ORGANIZATIONAL STRUCTURE/COMPOSITION Board Requirements

The RECIPIENT is further required to have a CYP Executive Board (as described in the Scope of Work in Attachment A) that meets at least once every three months. Participant signatures and minutes are to be taken at all board meetings. This board shall be commissed of representative anothers of the communities the CVP.

comprised of representative members of the communities the CYP serves. (See Autachment "B" for board member listing and by-laws) Any changes in the Evecutive Board members or officers must be presented to the PHM within 5 business days of the changes.

No member of RECIPIENT'S CYP Executive Board shall be related by blood or marriage to a project director of RECIPIENT.

<u>By-lay</u>vs

RECIPIENT'S bylaws must have been approved by PHM by May 31, 2004, for RECIPIENT to be eligible to receive funds under this grant. Any changes in the by-laws must be presented to the PHM for approval within 5 business days after their adoption by RECIPIENT's board.

PROJECT REPORTING

Weekly Itineraries

The RECIPIENT shall provide to the PHM electronically every Friday by 4:00 p.m. weekly itineraries (Attachment C) via email to the PHM CYP Information Specialist to reflect the schedules for essential personnel under this grant for the upcoming week.

Project and Fiscal Reporting

The RECPIENT agrees to complete and submit to PHM monthly programmatic reports, fiscal reports and calendars in the forms shown on Attachments "D" and "E." The amount granted to RECIPIENT for commodities/materials/supplies shall be reduced by \$50.00 each for any such monthly report that is incomplete or is received more than five (5) business days after the 15th of each month. All programmatic reports (See Attachment "E") must be submitted to the designated PHM representative.

False Reporting

RECIPIENT agrees to and will immediately terminate the employment of any person who submits to PHM a programmatic and/or fiscal report that is false in any material respect. RECIPIENT acknowledges and agrees that in the event of any such falsification, PHM may at any time terminate this contract without notice to RECIPIENT.

PERSONNEL

Project Staff

The work described in Attachment "A" requires the attention of a full-time project director. The personnel listed in the approved budget justification are considered essential to the work being performed hereunder. The RECIPIENT shall employ one full-time project director required to work forty (40) hours per week and is permitted to hire part-time staff with PHM approval. Attachment "F" shall reflect the names, positions, and qualifications of all staff paid with grant funds at the time of the contract.

Removing, Replacing or Diverting Staff

Prior to removing, replacing, or diverting any of the individuals specified on Attachment "F" or any replacement for any such individual consented to by PHM, the RECIPIENT must notify PHM and submit justification, including identifying any proposed replacements in sufficient detail to permit evaluation of the impact on the ability of the RECIPIENT to fulfill its obligations under this contract. No replacement shall be made by the RECIPIENT without the written consent of the PHM; provided, the PHM may ratify in writing the change and such ratification shall constitute the consent of the PHM. Prior written consent may be waived by PHM, in its sole discretion, in the event of serious exigent circumstances in which immediate action is necessary.

Job Descriptions

The RECIPIENT shall require each of its employees under this grant to sign and date a copy of the job description for the position he/she holds under this grant. The job description for the program director (full-time staff) shall be provided to RECIPIENT by the PHM. The RECIPIENT shall provide written job descriptions for any additional staff

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to PHM for approval and subsequent signature and date by the PHM and part-time staff employee.

Attendance at PHM Meetings

The RECIPIENT shall require that the full-time employee employed under this grant attend all PHM meetings in their entirety and that any part-time employee employed under this grant attend at least one-half of all such meetings during the term of this contract. PHM may, in its sole discretion, waive this requirement in the event that exigent circumstances result in employee's absence from PHM mandatory activities/meetings. However, verification of such attendance or such circumstances may be requested by appropriate Program Monitor.

Background Checks

In addition, RECIPIENT agrees to provide the PHM a letter verifying all employees listed as personnel in "Attachment F" are suitable and competent to work with youth as evidenced by current and satisfactory background checks.

Consultants

Consultants may not be hired nor compensated with funds provided under this contract,

<u>Nepotism</u>

In order to insure employee autonomy and guard against fraudulent expenditures, RECIPIENT warrants and agrees that no personnel employed under this contract will report to, supervise (fiscally or programmatically) or manage a spouse or immediate family member (defined as a brother, sister, mother, father, or child). Such nepotism is strictly prohibited and RECIPIENT agrees to repay PHM any and all monies provided under this contract and paid to all such persons.

Tobacco, Alcohol and Drug Use or Convictions

There will be a zero tolerance policy for tobacco, drug (other than those prescribed by physician) or alcohol use during official (work hours reported on employee timesheets) works hours. If an employee is convicted of any tobacco, alcohol or drug laws violation, The PHM must be notified immediately with written documentation.

EXPENDITURE COMMITMENT

The total amount of this contract is not to exceed \$78,214.00. The RECIPIENT commits to expend the funds awarded in this agreement and to complete the funded project in accordance with the statement of work (Attachment A) and approved budget narrative expenditures and requirements incorporated into this agreement by reference. RECIPIENT commits that no financial encumbrance will extend beyond May 31, 2005 and RECIPIENT commits to return all unused funding at the end of the grant period.

FISCAL MANAGEMENT

Management System

The PHM requires that the RECIPIENT have in place, prior to the receipt of funds, a financial management system that is able to isolate and trace every awarded dollar from receipt to expenditure and have on file appropriate documentation for each transaction.

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Fiscal Management Experience

RECIPIENT shall employ a Fiscal Management entity that has at least five (5) years accounting experience, presently provides community services, and has existing staff providing technical assistance in the development and implementation of community programs.

Commingling of Funds

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The RECIPIENT will not commingle its own funds with funds received from the PHM under this contract RECIPIENT shall account separately for the use of all funds received from PHM or expended pursuant to this contract.

Disbursement Procedures

RECIPIENT'S management systems will insure that all checks issued by RECIPIENT bear the manual signatures of any two of RECIPIENT'S Board Chairman, Executive Director, Business Manager or Chief Fiscal Officer unless RECIPIENT gives PIIM written notice prior to the effective date of such policy that RECIPIENT'S board has adopted a policy that states otherwise. Any such notice shall provide the names and titles of all authorized signatories together with a copy of the policy.

Agency Purchasing Procedures

RECIPIENT will provide documentation of the RECIPIENT'S purchasing process upon execution of this contract. Such process must incorporate the following requirements:

- Purchases in a total amount not exceeding \$500 may be made under the provisions of policy established by RECIPIENT.
- Purchases that involve a total dollar amount of more than \$500 but no more than \$2,500 may be made without the requirement of publishing or posting advertisement for bids, but the buying agency shall have obtained at least three (3) competitive written bids. Copies of these bids will be kept on file.
- Purchases involving expenditures in excess of \$2,500 will be made only after having been properly advertised. RECIPIENT shall provide written specifications for each such purchase and shall request sealed, written bids to be received at a specific place at a specific time and date. Failure to comply with any instructions pertinent to the delivery of such a bid may result in the bid being rejected or not approved for payment by the PHM.

Fiscal Reporting

The RECIPIENT will produce monthly financial reports that show the relationship of budget and expenditures, by budget category, to provide assurance that budgeted amounts are not exceeded. The RECIPIENT will provide copies of the monthly financial reports and supporting documentation to PHM. See above paragraph "PROJECT REPORTING."

Audits

The RECIPIENT's records relating to the performance of its duties under this contract, except as hereinafter provided, shall be subject to inspections and audit by authorized representatives of the PIIM. The PHM, at its expense, may make copies of such records

or any parts thereof. Overpayments will be refunded to the PHM if disclosed by such an audit.

Incentive Purchases

The RECIPIENT agrees to receive prior approval (before ordering) as specified in the Policy and Procedures Manual for all incentives, including but not limited to: items imprinted with any "The Partnership for a Healthy Mississippi" logo, any PHM youth programs, your local CYP name or logo and/or cessation logos.

Equipment Purchases

The RECIPIENT agrees to receive prior approval as specified in the Policy and Procedures Manual from the Fiscal Monitor (before ordering) all electronic equipment including but not limited to: (i.e. computer equipment, Palm Pilot, video equipment, telephonic devices, audio equipment, etc.) See also paragraph "OWNERSHIP OF EQUIPMENT".

Use of Funds to Support Political Candidates

RECIPIENT is prohibited from using any PHM funds to support political candidates or political organizations.

Non-approved Expenditures

Expenditures not made in accordance with the guidelines stated in this agreement and the CYP Policy and Procedures Manual will not be approved by the PHM. The PHM reserves the right to demand the refund of funds paid to RECIPIENT or to withhold reimbursement that do not meet these guidelines and the approved grant award.

BUDGET MODIFICATION REQUIREMENTS

The RECIPIENT agrees and is required to submit an itemized budget prior to receipt of funds which shall be made part of this contract by reference as Attachment "D". All budget modifications must have the prior written authorization from the PHM Fiscal Monitor. Funds may be transferred from personnel/administration or indirect budget categories into program activities, but funds shall not be transferred from Program Activities into Administration or Indirect budget categories.

TRAVEL POLICY

No out-of-state travel or travels outside your assigned geographic area is allowed without prior written approval of the PHM. Approved in state and out-of-state travel shall be reimbursed at the State of Mississippi rate as determined by the Department of Finance and Administration. Receipts are required for lodging and transportation costs (taxis, buses, automobile rentals, airfares-if approved), parking expenses, business telephone calls, and registration fees. The RECIPIENT will be reimbursed for the actual cost of meals for overnight travel only and where applicable, at the Department of Finance and Administration rate. Mileage will be reimbursed at the current State of Mississippi rate.

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

EMPLOYMENT STATUS

The RECIPIENT shall, during the entire term of this contract be considered to be an independent entity (contractor). Nothing in this contract is intended to create an employer-employee relationship, or a joint venture relationship.

The RECIPIENT represents that it is qualified to perform the duties under this contract and that it has, or will secure, if needed, applicable personnel who are qualified to perform the duties required under this contract. Such personnel shall not be deemed in any way, directly or indirectly expressly or by implication, to be employees of the PHM.

Any person employed by the RECIPIENT to perform the services hereunder shall be the employee of the RECIPIENT. However, the PHM may direct the RECIPIENT to replace any of its employees under this grant for good cause.

The RECIPIENT shall pay when due, all salaries and wages of its employees and it accepts exclusive responsibility for the payment of federal income tax, state income tax, social security, unemployment compensation and any other withholding that may be required.

OWNERSHIP OF EQUIPMENT, DOCUMENTS AND WORK PRODUCTS

All specifications, drawings, sketches, models, samples, computer programs, technical information and other data, be it written, oral or otherwise, prepared in conjunction with the services under this contract are the property of the PHM unless the RECIPIENT notifies the PHM prior to creation of said documents and/or work products that such documents and/or work product have been created by the RECIPIENT with resources not set out in this contract, or are based upon proprietary material created prior to this contract, and the PHM agrees to waive ownership of said documents/work products. The PHM shall not unreasonable deny such a waiver. Upon request by the PHM, any data, files and records collected by the RECIPIENT will be destroyed or returned to the PHM. The PHM will retain the right of access to the work papers as necessary but will reimburse the RECIPIENT for any expenses it may incur in making such records available.

In the event that this contract is terminated or not renewed for the following year, the RECIPIENT shall promptly surrender to the PHM, on demand, all equipment, specifications, drawings, sketches, models, samples, computer programs, technical information and other data, be it written, oral or otherwise, prepared in conjunction with or purchased with funds from this contract. See also "FISCAL MANAGEMENT."

COMMUNICATION/PUBLICATION

Press Releases

For communication purposes, the RECIPIENT agrees to obtain prior written approval from the PHM before submitting any press release. Approval should also be obtained when feasible for any interview on camera, on air or print media. The RECIPIENT shall provide a copy of such release or intent to submit for interview to the PHM Public Relations Manager 3-5 working days prior to event.

PHM Publication Guidelines

The RECIPIENT agrees to use such language as to notify the public that paid printed materials were paid for by a grant from the PHM, and use the PHM logo wherever applicable. The RECIPIENT further agrees that it will obtain PHM's prior written approval before producing brochures, flyers or other printed materials. In addition, RECIPIENT agrees to comply with all procedures in the PHM CYP Policy and Procedure Manual.

RECORD RETENTION AND ACCESS TO RECORDS

The RECIPIENT shall maintain and make available to the PHM all financial records, supporting documents, statistical records and all other records pertinent to the services performed under this contract in accordance with the RECIPIENT'S policies and procedures. These records shall be maintained for at least three (3) years; however, if any litigation or other legal action, by or on behalf of the PHM, has begun that is not completed at the end of the three (3) year period, or if any audit finding, litigation or other legal action has not been resolved at the end of the three (3) year period, the records shall be retained until resolution.

ASSIGNMENT

The RECIPIENT shall not assign or otherwise transfer the obligation incurred on its part pursuant to the terms of this contract without the prior written consent of the PHM. Any attempted assignment or transfer of its obligations without such consent shall be null and void.

WAIVER

FAILURE OF EITHER PARTY hereto to insist upon strict compliance with any of the terms, covenants and conditions hereof shall not be deemed a waiver or relinquishment of any similar right or power hereunder at any subsequent time or of any other provision hereof, nor shall it be construed to be a modification of the terms of this contract.

INSURANCE

Worker's Compensation Insurance

RECIPIENT will maintain workers' compensation insurance as prescribed by law and will furnish the PHM, if requested, with a certificate of conformity.

Public Liability Insurance

RECIPIENT will at all times during the term of this contract maintain in full force and effect public liability insurance with coverage limits of at least \$1 million person per occurrence and \$5 million aggregate and with PHM named as an additional named insured on such policy. The RECIPIENT will furnish the PHM with a certificate of insurance evidencing the aforesaid coverage within 15 days of the execution of this contract.

Automobile Bodily Injury Liability Insurance

If RECIPIENT owns automobiles that are used by to RECIPIENT to execute this contract, RECIPIENT will at all times during the term of this contract maintain in full force and effect automobile liability insurance with coverage limits for bodily injury of

not less than \$1 million combined single limit and with PHM named as an additional named insured on such policy. RECIPIENT will furnish PHM with a certificate of insurance evidencing such coverage within fifteen (15) days of the execution of this contract.

Special Event Liability Insurance

For each event scheduled by RECIPIENT to which members of the public are invited, RECIPIENT shall obtain such additional liability insurance covering bodily injuries to the public and property damage as PHM shall specify in writing.

PHM Approval and Rights

The company or companies writing any insurance which RECIPIENT is required to carry and maintain as well as the form of such insurance shall at all times be subject to the PHM's approval and such companies shall be licensed to do business in the State of Mississippi. Each policy shall provide that it may not be cancelled or otherwise terminated without at least thirty (30) days prior written notice to PHM. Should RECIPIENT fail to provide or maintain any of the insurance coverage called for herein, PHM may secure the same and deduct the premiums and any other costs from any sums due RECIPIENT under this contract.

GOVERNING LAW

THIS CONTRACT shall be construed and governed in accordance with the laws of the State of Mississippi and venue for the resolution of any dispute shall be the First Judicial District. Hinds County, Mississippi. The RECIPIENT expressly agrees that under no circumstances shall the PHM be obligated to pay an attorney's fee or the cost of legal action to the RECIPIENT.

COMPLIANCE WITH LAWS

The RECIPIENT shall comply with all applicable laws, regulations, policies, and procedures of the United States and/or the State of Mississippi that may affect the performance of services under this contract. Specifically, but not limited to, the RECIPIENT shall not discriminate against any employee or any other person nor shall any party be subject to discrimination in the performance of this contract because of race, ereed, color, sex, age, national origin or disability.

SEVERABILITY

IF ANY TERM or provision of this contract is prohibited by the laws of the State of Mississippi or declared invalid or void by a court of competent jurisdiction, the remainder of the contract shall be valid and enforceable to the fullest extent permitted by law.

DISPUTES

Any dispute concerning a question of fact under the contract shall be disposed of by good faith negotiation between a duly authorized representative of the PHM and the RECIPIENT. Such a resolution shall be reduced to writing and a copy thereof mailed or furnished to the RECIPIENT and shall be final and conclusive, unless within ten (10)

days from the date of such resolution, the RECIPIENT mails or furnishes to the PHM a written request for review. The RECIPIENT shall be afforded an opportunity to be heard and to offer evidence in support of his/her/its position on the issue in dispute and under review. The decision of the PHM on the review shall be final and conclusive unless determined by a court of competent jurisdiction in the First Judicial District of Hinds County, State of Mississippi, to have been fraudulent, capricious, or so grossly erroneous as necessarily to imply bad faith, or not to be supported by substantial evidence. Pending the final decision of a dispute hereunder, the RECIPIENT shall proceed diligently with the performance of the duties and obligations of the contract.

CONTRACTS/SUBCONTRACTS

The RECPIENT must obtain the written approval of the PHM before contracting/subcontracting any portion of this contract. No such approval by the PHM of any contract/subcontract shall be deemed in any way to provide for the undertaking of any obligation on the part of the PHM in addition to the total price agreed upon in this contract. All contracts/subcontracts shall be subject to the terms and conditions of this contract and to any conditions of approval that the PHM may deem necessary.

CONFLICTS OF INTEREST

Notification and Definition of Conflict

The RECIPIENT and/or subRECIPIENT shall notify the PHM of any potential conflict of interest. A conflict of interest is defined for the purposes of this agreement as interests or obligations of any kind on the part of the RECIPIENT which are likely to interfere with the RECIPIENT'S obligations to the PHM under this contract or in which the interests of the RECIPIENT will be directly adverse to the interests of the PHM.

Additional Grant Writing

Any personnel are prohibited from contributing more than four hours a week to writing additional grants for the RECIPTENT'S organization while working during PHM paid time.

Additional Grant Employment by Personnel

All personnel employed under this contract shall provide The PHM with copies of any grant where they are listed as personnel. No project directors are permitted to be in positions on additional contracts or grants where they would be serving more than 10 hours per week regardless of whether the position is compensated or uncompensated. Thus, no project director may serve full time on any additional grant. The PHM will notify, in writing, the RECIPIENT when a conflict is perceived from the employer's additional grant employment within 15 days of receiving notification.

Other Employment by Key Personnel

Additionally, any personnel receiving funds for additional compensated jobs (not covered in the preceding paragraph) must provide written documentation and a description of all compensated employment job duties and responsibilities. The PHM will notify, in writing, the RECIPIENT when a conflict is perceived from the employer's additional employment within 15 days of receiving notification.

Use of PHM Funds for Match Dollars

RECIPIENT is prohibited from using funds received under this contract as a match for any additional contract or grant unless written authorization is granted from the PHM Executive Director.

RECIPIENT Conflict of Interest

Any RECIPIENT receiving funds from additional grants or contracts must complete "Attachment G" of this contract."

Termination of Contract Due to Conflict

If such conflict cannot be resolved to The Partnership's satisfaction, The Partnership reserves the right to terminate this contract or to award the specific task (s) to another RECIPIENT or SUBCONTRACTOR. Nondisclosure of any conflicts of interest will result in contract termination.

THIRD PARTY ACTION NOTIFICATION

RECIPIENT SHALL give notice in writing within three (3) working days of any action or suit filed, inquiry from a government agency or governmental official (i.e. Internal Revenue Service, State Auditor, etc.) and prompt notice of any claim made against RECIPIENT by any entity that may result in litigation related in any way to this contract.

AUTHORITY TO RECEIVE GRANT

The RECIPIENT warrants that it may legally engage in business and has the authority under law to enter into this grant, that entry into and performance under this grant is not restricted or prohibited by any loan, security, financing, contractual or other agreement of any kind, and notwithstanding any other provision of this contract to the contrary, that there are no other existing legal proceedings, or prospective legal proceedings, either voluntary or otherwise, which may adversely affect its ability to perform its obligations under this grant.

CONFIDENTIAL INFORMATION

The RECIPIENT shall treat all PIIM data and information to which it has access by its performance under the contract as confidential and shall not disclose such data or information to a third party without specific written consent of the PHM. In the event that the RECIPIENT receives notice that a third party requests divulgence of confidential or otherwise protected information and/or has served upon it a subpoena or other validly issued administrative or judicial process ordering divulgence of confidential or other protected information, RECIPIENT shall inform PHM immediately and thereafter respond in conformity with such subpoena to the extent mandated by state or federal law. This section shall survive the termination or completion of this contract.

CAPTIONS

THE CAPTIONS or headings in this contract are for convenience only, and in no way define, limit or describe the scope or intent of any provision or section of this contract.

SPECIAL TERMS AND CONDITIONS

IT IS AGREED and understood by the parties to this contract that there are no special terms or conditions.

NOTICE

ANY NOTICES required or authorized to be given under this contract shall be in writing and sent by certified United States mail, postage prepaid, return receipt requested to the addresses designated in this paragraph. Each party may change the person and address designated by delivering written notice to the other party. Any notice shall be effective when actually delivered to the designated address.

For PHM: Executive Director cc. CYP Director The Partnership for a Healthy Mississippi 350 W. Woodrow Wilson Dr., Suite 499 Magnolia, MS 39213

For RECIPIENT: (Insert Address)

TERMINATION

The contract may be terminated as follows:

1. Termination Upon Bankruptey:

The contract may be terminated in whole or in part by the PHM upon written notice to the RECIPIENT, if the RECIPIENT should become the subject of bankruptey or receivership proceedings, whether voluntary or involuntary, or upon the execution by the RECIPIENT of an assignment for the benefit of its creditors. In the event of such termination, the RECIPIENT shall be paid an amount for all services actually performed pursuant to the contract, but in no case shall said compensation exceed the total contract price.

2. Termination for Convenience:

The PHM may terminate this contract with or without cause, by providing a thirty (30) day written notice of termination to the RECIPIENT. By the same token, the RECIPIENT may terminate this contract with or without cause, by a thirty (30) day written notice of termination to the PHM.

3. Termination for Falsification of Documentation Convenience:

The PHM may terminate this contract with or without notice if PHM determines that falsified documentation has been submitted by RECIPTENT.

4. Termination for Cause:

If, through any cause, the RECIPIENT shall fail to fulfill, in a timely and proper manner as determined by the PHM, its obligation under the contract, or if the RECIPIENT shall violate any of the terms or conditions of the contract, and that breach continues for ten (10) days after the RECIPIENT receives written notice from the PHM, then the PHM shall thereupon have the right to terminate the contract. In the event of termination, the RECIPIENT will be entitled to payment for services in an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the RECIPIENT covered by the contract, less payments previously made.

Notwithstanding the above, the RECIPIENT shall not be relieved of liability to the PHM for damages sustained by the PHM by virtue of any breach of the contract by the RECIPIENT, and the PHM may withhold any payments to the RECIPIENT for the purpose to offset until such time as the exact amount of damages due the PHM from the RECIPIENT are determined. The PHM may also pursue any remedy available to it in law or in equity.

FINAL PAYMENT

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The final 10% of the total contract award shall be withheld from RECIPIENT until RECIPIENT executes and delivers to the PHM a release of all claims against the PHM arising under, or by virtue of, this contract, except claims which are specifically exempted by the RECIPIENT to be set forth therein. Unless otherwise provided in this contract, by state law, or otherwise expressly agreed to by the parties in this contract, final payment under this contract or settlement upon termination of this contract shall not constitute waiver of PHM's claims against RECIPIENT under this contract.

Tax Documentation

RECIPIENT will provide a letter to PHM certifying all state and federal taxes have been paid on this contract at the time of grant termination.

CHANGE ORDERS

The PHM may, at any time, by written order, make changes within the general scope of the contract as to the services or work to be performed. If such changed shall cause an increase or a decrease in the RECIPIENT's cost or time required to perform any services under this contract, whether or not changed by any order, the PHM shall make an equitable adjustment and modify this contract in writing. The RECIPIENT must assert any claim for adjustment under this clause in writing within thirty (30) days from the date it received the PHM notification of change, unless the PHM contracts additional time before the date of final payment. No services for which the RECIPIENT will charge an additional compensation shall be furnished without the written authorization of the PHM.

IN WITNESS THEREOF, the parties hereto have executed this contract on this the ______ day of ______, 2004.

The Partnership for a Healthy Mississippi

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

By:

The Partnership for a Healthy Harrison County

By:

Harrison County Board of Supervisors

ATTACIIMENT A

The Partnership for a Healthy Mississippi Community/Youth Partnerships <u>The Partnership for a Healthy Harrison County</u> June 1, 2004 – May 31, 2005

Scope of Work

A. Standard Requirements for each Community/Youth Partnership (C/YP)

Reporting Procedures

- 1. Weekly itineraries must be submitted by Friday 4 p.m. for each person designated in the personnel category paid with Partnership funds.
- Completed program progress reports, fiscal reports and team activity reports are to be submitted to the Information Specialist in The Partnership for a Healthy Mississippi central office by the 15th of each month. C/YP Directors have a five business day grace period. *No faxes will be accepted.*

Prior Approvals

- 3. All printing, press releases and web site information related to programs sponsored and financed by the Partnership must be approved by The Partnership for a Healthy Mississippi's *Public Relations Manager* at least three working days prior to publication. Requests must be submitted on the publication form.
- 4. All advertisements related to programs sponsored or financed by the Partnership must be approved by The Partnership for a Healthy Mississippi's *Advertising Manager* at least two weeks (10 working days) prior to publication.
- 5. Any and all scholarship and/or sponsorship information must be submitted in writing at least two weeks (10 working days) prior to awarding funds regardless of any prior approvals to your program and fiscal monitor.
- 6. C/YP Directors who travel outside of their designated areas must receive approval by the Partnership for a Healthy Mississippi program monitor at least two weeks (10 working days) before scheduled event. Requests must be submitted in writing.
- C/YP Directors are required to attend all scheduled Quarterly Meetings in their entirety. Provisions will be made in the event of exigent circumstances where written documentation is provided, but wherever possible all attempts will be made by the C/YP Director to attend.

8. All C/YP Directors' equipment and incentive purchases to be financed with The Partnership for a Healthy Mississippi funds must be approved by the designated fiscal and program monitor at least two weeks prior to order placement regardless of any prior approvals. Requests must be submitted on the incentive approval form. All items must utilize the correct version of the C/YP logo, in the allowable colors, which can be downloaded from the Internet. If the logo, is altered in any way, The Partnership for a Healthy Mississippi central office may refuse to reimburse C/YP Directors for such purchases.

B. General Structure of the Community/Vouth Partnership (C/YP)

C/YP Operational Activities

- 1. The C/YP Director is required to establish a C/YP Executive Board (of which shall include 25% youth) that meets at least once every three months. The C/YP Executive Board should be comprised of representative persons from the following sectors of the community the C/YP Director serves (an updated list of board members that includes name, contact information, gender, race, county and sector of community they represent must be submitted in writing with this contract). Any changes in the Board composition must be submitted in writing to the Information Specialist within five (5) business days of the changes.
 - The C/YP Director is required to include a member of the faithbased community, law enforcement community, education community, healthcare community, a city or county elected official or assigned representative, and communication community as Executive board members.
 - The C/YP Director is required to have at least one representative from each non-based county to serve on the Executive Board
 - The C/YP Executive board should include youth involvement. The C/YP Director may implement one of the two options:
 - Establish a separate youth board which provides formal advice through either oral or written reports at board meetings. A representative of the youth board must attend the Executive Board meetings. This youth board is in addition to the Executive Board or;
 - Make sure that the total Executive Board membership reflects 25% youth
- 2. The C/YP Directors will receive monthly site visits, quarterly program monitoring reviews, and on-going technical assistance as needed and requested by C/YP Director or designated program monitor through May 31, 2005.

3. The C/YP Directors will receive mid-year and end of year fiscal site visits, an evaluation visit, and on-going technical assistance as needed and requested by C/YP Director or designated fiscal monitor through May 31, 2005.

C. Communication and Community Advocacy Activities

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- 1. The C/YP Director is required to submit at least one article per month to local community newspapers for publication. Articles submitted must be at least one of the following:
 - Approved articles submitted by The Partnership for a Healthy Mississippi's Public Relations Manager to the C/YP and customized by the C/YP Director;
 - Articles about upcoming or sponsored events (articles can include pictures of events with captions);
 - Editorials written by a coalition supporter that details the impact made in the local community by the C/YP as part of the Partnership organization. Only two (2) editorials of this type will be counted during the 12-month contract period.
- 2. A suggested list of topics will be supplied by The Partnership for a Healthy Mississippi Public Relations Manager. C/YP Directors are encouraged to develop their own article topics and submit them to traditional (local newspapers) and non-traditional mediums (school and colleges newsletters, church bulletins and free press newspapers). Note: All articles created by the C/YP Director must be approved by the Public Relations Manager. At least three days' notice is necessary and the requests must be submitted on the publications form. Additionally, upon publication of the article, a copy must be submitted on the monthly communications form.
- 3. Credit will be given for articles generated by the C/YP Director or coalition designee. Credit for articles published will be given one time only. Therefore, if an article was submitted to the Information Specialist on the monthly communications form during the month of August and was published by the local newspaper in September, the C/YP Director will receive credit only for the month of August, not September. No credit will be given for articles distributed by The Partnership for a Healthy Mississippi central office directly to the news service or from the Associated Press, Reuters or other news wire.
- 4. The C/YP Director must collect a minimum of ten (10) letters of support from new Key Community Leaders. C/YP Directors must collect all ten (10) letters and submit to the Information Specialist no later than **September 1, 2004**. Note: Letters of support should be on the organization's official letterhead and addressed to the Executive Director of The Partnership for a Healthy Mississippi.

D. Teacher Education Program

- The C/YP will be required to work in conjunction with Trainers of the Center for Tobacco Prevention and Health Promotion to assist with follow-up activities with previously trained or teachers who are interested in being trained in their respective C/YP areas as needed.
- 2. C/YP Directors will be provided information sheets on all teachers previously trained by the Center for Tobacco Prevention, including name of principal, school and other contact information within the C/YP Directors' designated areas.
- 3. The C/YP Director will meet with principals within their designated areas. (The C/YP Director will be provided information sheets with school contacts). C/YP Directors will have teachers and administrators (if applicable) to complete the information sheets to determine (1) if previously trained teachers are still working within the school district; (2) if previously trained teachers are interested in receiving additional reinforcement materials; (3) if new teachers are interested receiving training from the Center for Tobacco Prevention and (4) if there is a new principal at that school. The completed information must be submitted to the C/YP Information Specialist by September 15, 2004.
- 4. The Center for Tobacco Prevention and Health Promotion will inform the local CYP Director of scheduled trainings in their designated areas so they can attend if available, if CYP can not attend, the center will provide a list of teachers who were trained for the C/YP Director to follow-up with regarding local information.

E. Tobacco School Nurses

- The C/YP Director is required to establish a working relationship with each Tobaeco School Nurse in their designated area by facilitating a local collaboration meeting by August 30, 2004. Copies of the agenda, sign-in sheet should be kept on file.
- 2. The C/YP Director will mail Tobacco School Nurses in their designated areas an advance notice (at least 10 working days prior to meeting with specified time and date) of scheduled C/YP Board/Coalition Membership Meetings. Copies of agendas and notices mailed should be kept on file.
- 3. The C/YP Director is required to implement at least one (1) awareness activity with each local Tobacco School Nurse by May 31, 2005 Awareness activity must be reported on the Awareness Form.

F. Targeted Programs

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1. The C/YP Director is required to establish a working relationship with each Targeted Programs representative in their designated area by facilitating a local collaboration meeting by August 30, 2004. 2. The C/YP Director will mail the local Targeted Programs representatives in their designated areas an advance notice (at least ten (10) working days prior to meeting with specified time and date) of scheduled C/YP Board/Coalition Membership Meetings. 3. The C/YP Director is required to implement at least one (1) awareness activity with each local Targeted Programs representative in their designated areas by May 31, 2005. Awareness activity must be reported on the Awareness Form. \mathbf{G} . Awareness Activities C/YP Directors are required to enhance their communities' awareness of the tobacco prevention services provided by their local Partnership. As an effort to fulfill this obligation, C/YP Directors are required to facilitate the following activities listed below. See attached Program Definitions Form. 1. General Awareness – (Minimum of twenty-four (24) to be conducted) The C/YP Director is required to conduct a minimum of two (2) General Awareness activities per month, at least six (6) General Awareness activities must be held in each of the C/YP Director's non-based counties throughout the year. General Awareness activities must be reported on the Awareness Form. 2. Formal Community Presentations - (Minimum of five (5) to be conducted) The C/YP Director will facilitate formal presentations to at least five (5) different community organizations (i.e. civic groups or clubs, fraternities and sororities, non-profit organizations) to increase awareness of The Partnership for A Healthy Mississippi and the local C/YP Director's programs and events. Presentations must be made to a minimum of five (5) people. Two (2) presentations must be completed by Dec. 31, 2004 and the remaining three (3) presentations by May 31, 2005. Formal Community Presentations must be reported on the Awareness Form. The C/YP Director is strongly encouraged to use The Partnership for a Healthy Mississippi presentation template provided by the Public Relations Director. C/YP Directors can incorporate information applicable to their coalitions. Formal presentations must be pre-approved by The Partnership for a Healthy Mississippi C/YP program monitor and communicated to the Public Relations Manager.

- At least one (1) formal presentation must be held in each non-based county served.
- When reporting formal community presentations, the C/YP Director must include a sign-in sheet and/or a copy of the program agenda distributed to participants.
- 3. Cessations Education Presentations (Minimum of three (3) to be conducted)

The C/YP Director will conduct cessation education presentations to employees of three (3) different worksites. Selected worksite areas should have a minimum of twenty-five (25) employees. At least one (1) cessation presentation must be completed by **December 31, 2004**. Cessation Education Presentations must be reported on the Awareness Form.

- Employee participants should receive information about approved Partnership for a Healthy Mississippi cessation programs (e.g., Not on Tobacco, ACT Center (Regional Sites), Quit Line & Freedom From Smoking).
- When reporting worksite cessation presentations, the C/YP Director must include a sign-in sheet and/or a copy of the program agenda distributed to participants.
- Cessation Education Presentations and Formal Presentations are not the same thing and a presentation can not be counted twice.
- 4. <u>Clean Indoor Air and Community Policy Activities</u> (Minimum of two (2) must be conducted)

Each C/YP Director is required to work throughout their assigned areas to facilitate smoke-free policy initiatives in public buildings, restaurants, churches, daycare centers, healthcare facilities, other worksites, and/or parks for current grant year. The C/YP Director must make at least two (2) presentations to any of the aforementioned organizations. One (1) presentation must be completed by **December 31, 2004** and one (1) presentation must be completed by **May 31, 2005**. Presentations must be reported on the Awareness Form.

- * Content must be educational and may be adapted from information provided by The Partnership for a Healthy Mississippi's central office. Policy presentations must be pre-approved by the C/YP program monitor and reported to the Public Relations Manger prior to the presentation occurring.
- * At least one (1) presentation must be held in a non-based county served.
- When reporting Policy presentations, the C/YP Director must include a sign-in sheet and/or a copy of the program agenda distributed to participants.

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| | * Clean ii presenta | ndoor air presentations are not the same as Cessation or Formal ations and a presentation can not be counted twice. |
|----|---|--|
| 5. | The Partnership | o for a Healthy Mississippi Spousored Activities |
| | Healthy Miss rallies, holida Sponsored ac C/YP Directo | rector is required to participate in at least six (6) Partnership for a issippi sponsored activities as requested (e.g. poster contests, youth y cards, etc.) Sponsored activities do not count as awareness. tivities must be reported on the Sponsored Activity Form. The r is required to attend six (6) of the following sponsored Activities. |
| | Activities ma | y include but are not limited to the following: |
| | <u>June</u> RAT/SWAT | RAT/SWAT Summer Events (~ 3 regional events) |
| | July RAT/SWAT FREE | RAT/SWAT Summer Events (~3 regional events) FREE Summer Events (tentative) (~ 3 regional events) |
| | <u>September</u> ALLIES Frontline | Allies Regional Events (3 to be scheduled) Officer trainings (~ 4 regional events) |
| | <u>October/Nov</u> RAT/SWAT Frontline | |
| | <u>January</u> Frontline | Frontline Advocacy Team training (tentative) |
| | <u>February</u> <i>RAT/SWAT</i> Frontline | Spring contest Lobbypalooza (~3 regional events) |
| | <u>March/April</u> RAT Allies | RAT Troupe tryouts Spring Event (~ 3 regional events) |
| н. | Prevention F | Programs and Programmatic Activities |
| | 1. The C/YP D (C/YP, faith | Director will be responsible for recruiting and monitoring community -based, school, and teacher stipend) Partnership Youth Program ir designated areas. |
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- All required Youth Program teams should be <u>registered and active</u> by November 30, 2004.
 - Active team = Three (3) activities completed by November 30, 2004 from the Youth Programs' Manual. Additionally, by May 31, 2005, registered teams must have completed a total of eight (8) activities from the Youth Program's Manual.

Note: Teams registered after the deadlinc are required to complete make up activities for prior months and submit them to the C/YP Information Specialist at The Partnership for a Healthy Mississippi's central office in order to receive incentives during the next shipment mail out.

- 3. Each Partnership Youth Program team should have a minimum of five (5) students with a maximum of 30 students per team, whether the team is registered as a RAT Pack team, SWAT, Allies or Frontline team.
- 4. All team activities should be age appropriate. (For example: RAT activities should only be used with students in grades K-3). If a team has been split into two separate teams due to size, but meets as one team for an activity, please note that an activity report should be submitted for each team separately.
- 5. Each C/YP Director is required to recruit Community and School teams.
 - Community Teams = Team activities that must be implemented within the community. (For example: Boys & Girls Club, Daycare Centers, Churches, Housing Authority, etc.)
 - School Teams = Team activities that must be implemented within the schools (For example: Jefferson Middle School, and/or Terry High School).

Note: The minimum required number of community and school teams must be met before additional teams can be recruited.

 Teams registered during the summer months that plan to continue after July 31, 2004, need to check the appropriate box on the monthly activity report provided in the Youth Programs Team Activities Manual.

Required Partnership Youth Program Teams

| | Community Teams (6) | | School Teams (14) | | |
|-----------------|------------------------|-----|----------------------|--------|-----------|
| | | RAT | SWAT | ALLAES | FRONTLINE |
| Harrison County | 6 | 3 | 3 | 4 | 4 |
| TOTAL TEAMS | 6 | 3 | 3 | 4 | 4 |
| | | ļ | | | |

- 7. The C/YP Director may implement the following *optional* programmatic activities in their assigned counties.
 - C/YP Director's program of choice approved by your designated program monitor.
 - Camps Summer, Day or Spring Break
 - TATU (Teens Against Tobacco Use) program, sponsored by the American Lung Association
- The C/YP Director must implement the WATCH program and target at least twohundred (200) students. The C/YP Director must complete the WATCH Activity Report and mail to Rochelle Culp, WATCH Director, within two weeks of completing the program at P.O. Box 811 Jackson, 39205.

1. Faith-Based Program

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- 1. The C/YP Director is required to recruit at least four (4) faith-based organizations to join their local coalition.
- 2. The C/YP Director is required to monitor all team activities of each faithbased organization. All faith-based team activity reports must be submitted to the C/YP Director for team credit.
 - Funds earmarked for faith-based activities in the C/YP Director's budget must be used for non-funded faith-based organizations (organizations who are not currently receiving \$1,500 grant from the Partnership for a Healthy Mississippi). Funds may be used to assist with refreshments, and other faith-based team activities, annual events, etc. *Funds may not be used for purchase of equipment*.
- 3. The C/YP Director is required to receive a copy of all team activities of each Partnership for a Healthy Mississippi funded faith-based organizations (organizations who are currently receiving \$1,500 grant). Additionally, all faith-based funded organizations are required to join the local coalition and participate in at least one awareness activity.

J. Cessation Programs

Each C/YP Director is required to implement a minimum of one (1) of The Partnership for a Healthy Mississippi approved cessation programs by partnering with one or more community organization (s) by May 31, 2005. By December 31, 2004, the C/YP Director must report any activities scheduled in preparation for the cessation program.

| • | NOT (Not On Tobacco), a youth cessation program sponsored by the American Lung Association. |
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| | and the Britished Milleri. |

 FFS (Freedom from Smoking), an adult cessation program sponsored by the American Lung Association.

The Partnership for a Healthy Mississippi

By: _____ Date ____

The Partnership for a Healthy Harrison County

Bv:

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Project Director _____ Date _____ The Partnership for a Healthy Harrison County

By:

Harrison County Board of Supervisors

ATTACHMENT B

J. The Partnership for a Healthy Harrison County Board Members

II. The Partnership for a Healthy flarrison County By-laws

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| PARTNERSHIP FOR A HEALTHY HARRISON COUNTY (2004`-2005) | BOARD |
|--|-------|
| | C/ |
| Dr./Rev. Jane Stanley-Educator, PH. D, ED. D, D. B. S. | Ch |
| Executive Director | |
| The Educational Support Organization, Inc. | |
| Phone 228-865-9740 Fax 228- 241-4180 | |
| P. O. Box 7785 | |
| Gulfport, Ms. 39506 | |
| AND | |
| Director and Minister for the Nourishing Place (Place for Troubled | Kids) |
| (Same address and Phone Number) | |
| Karen Mullinax | C/F |
| Alcohol, Tobacco, Drug Prevention Coordinator | |
| Gulf Coast Mental Health | |
| 1600 Broad Ave. | |
| Phone 228-863-1132 Fax 228- 865-1700 | |
| Gulfport, Ms 39501 | |
| Email/kkmullinax@hotmail.com | |
| Felice Kelly | B/F |
| Cancer Control Project Coordinator | |
| American Cancer Society | |
| 417 Security Square | |
| Phone228-896-8936 Fax 228-896-8620 | |
| Gulfport, Ms. 39507 | |
| Email/felice.Kelly@cancer.org | |
| Frank Baskett | C/N |
| Frank Baskett Law Enforcement | 0.11 |
| (Community Relations Officer/Crime Prevention Specialist)) | |
| Harrison County Sheriff's Dept | |
| Phone 228- 865-7074 Fax 228- 865-7071 | |
| P. O. Box 1480 or 1801 23 rd Ave | |
| Gulfport, Ms. 39501 | |
| Email/fbtob1@co.harrison.ms.us | |

| | C/F | |
|---|-----|---|
| Sue Reed | Car | |
| Executive Director | | |
| Fulf Cost Boys and Girls Clubs, Inc | | |
| Phone 228- 374-2330 Fax 228- 435-5424 | | |
| 16 Beach Blvd | | |
| Biloxi, Ms. 39530 | | |
| Email/sreed@bgcgulfcoast.org | | |
| Man Steenle Segure Mistory | | |
| Linda Mucha | C/F | |
| | | |
| Educator | | |
| Curriculum Director | | |
| Harrison County School District | | |
| Phone 228-539-6500 (Main No.) | | |
| Office 831-5331 Fax 228- 539-6507 | | |
| 11072 Highway 49 North | | |
| Gulfport, Ms 39503 | | |
| E-mail <u>LMUCHA@HAR.K12.MS.US</u> | | 1 |
| (Home) sailing55 | | |
| | C/M | 1 |
| Rev. Brad Holt | CAN | |
| Director Youth for Christ | | |
| Phone 228- 864-0788 Fax 228- 822-2951 | | |
| 1501 24 th Ave | | |
| Gulfport, Ms. 39501 | | |
| Email/brad@coastyfe.com | | |
| Third Din addeedasty recom | | |
| Mike Lizana | B/M | |
| | | |
| CEO Lizana Management | | |
| Office Phone-871-2218 | | |
| (Member of Pass Christian Board Of Director | | |
| Pass Christian Boys and Girls Club) | | |
| Phone 452-3018 Fax 452-3018 | | |
| 215 Clarence Ave | | |
| Pass Christian, Ms 39571 | | |
| Email/mljzana@bellsouth.net | | |
| | | |
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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

| lice Taak Entrekin | |
|--|--|
| rogram Director/ (Family First Center)- | |
| Center For The Prevention of Child Abuse | |
| hone 228-868-9586 Fax 228-868-9560 | |
| 315 17 th Street | |
| Julfport, Ms. 39501 | |
| imail/ffrc@eableone.net | |
| Connie Rockco | |
| farrison County Supervisor | |
| District (Beat) # 5 | |
| Office Phone 228-865-4123 | |
| .801 23 rd Ave (39501) | |
| Dr Post Office Drawer CC | |
| Fulfport, Ms 39502 | |
| Email/rockco@co.harrison.ws.us | |
| Cassandra Henry | |
| School Nurse/Harrison County School District | |
| fhree River's Elementary School | |
| Phone 228-831-5359 Fax 228-831-5361 | |
| 3500 Three River Road | |
| Julfport, Ms 39503 | |
| Iomc/228-832-3433 Cell | |
| Email/cassandarhenry@xablcone.net | |

SCHOOL TOBACCO NURSES

Stacey Waldrop

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Tobacco School Nurse Pass Road Elementary School Phone 228-863-4076 Fax228- 863-1549 37 Pass Road Gulfport, Ms 39507

Home/ 228-868-2428 Fax 228-863-1549 4711 Kendall Ave Gulfport, Ms. 39507 <u>Email/swaldrop02@aol.com</u> Or <u>swaldrop@gulfport.k12.ms.us</u> C/F

YOUTH BOARD

YOUTH AND SCHOOL

.

TO BE ANNOUNCED WHEN SCHOOL STARTS;

ONE FROM EACH HIGH SCHOOL FRONTLINE TEAM LONG BEACH BILOXI HARRISON CENTRAL

ONE FORM EACH BOYS AND GIRLS CLUB FRONTLINE TEAM LUNDAY'S UNIT- BILOXI FOREST HEIGHTS UNIT- GULFPORT PASS CHRISTIAN UNIT- PASS CHRISTIAN

PARTNERSHIP FOR A HEALTHY HARRISON COUNTY BY-LAWS

I. Mission

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The mission of Partnership for a Elealthy Harrison County is to help create a tobacco-free environment, to improve the health of residents, to eliminate the initiation of the use of tobacco by children, and to educate the public on all health issues as they relate to tobacco use and to act as an advocate for positive reform.

H. Goal

The focus of Partnership for a Health Harrison County is to support efforts to: to reduce the initiation of tobacco use in Harrison County: to reduce youth access to tobacco; provide tobacco educational, awareness, prevention, and cessation programs for youth in schools; and in the communities to reduce youth exposure to environmental tobacco smoke.

III. Membership

A. Structure

The structure of Pattnership for a Healthy Harrison County shall resemble the structure of the Partnership for a Healthy Mississippi.

B. Composition

Membership of the Partnership shall consist of interested organizations, associations, agencies, and individuals that support the purpose of the Partnership for a Healthy Mississippi and Partnership for a Healthy Harrison County. Prior to invitation, new members shall be recommended to the general membership for approval.

C. Officers

Officers shall include a President, a Vice President, and a Secretary. Partnership for a Healdhy Harrison County members will elect the officers who will serve a one-year term to commence January 1, 2001.

D. Executive Committee

The Executive Committee of Partnership for a Healthy Harrison County shall consist of the officers, the chairs of the workgroups/committees, and the Project Director. The duties of the Executive committee will be to set Partnership for a Healthy Harrison County meeting agendas, to review the activities of Partnership for a Healthy Harrison County and to report to the Partnership on program activities. The Executive Committee will meet on an "as needed" basis or via a conference call.

<u>E. Staff</u>

Partnership for a Healthy Harrison County will have a full time Project Director, who is required to work 40 hours a week, and conduct the day-to-day operations required of the Partnership.

Partnership for a Healthy Harrison County is required to have at least one (1) associate who will work 20 hours a week and will assist the Project Director with their duties.

F. Responsibilities of Membership

Members will have the opportunity to help plan and implement comprehensive interventions that have the potential to increase knowledge and attitudes, and improve general public health in Harrison County.

Members will assume leadership in regard to tobacco prevention advocacy, information exchange, policy development and decision making.

Mombers will be expected to work within the mission, goals, objectives, and principles of the Partnership at all times.

All statements issued on behalf of the Partnership for a Healthy Harrison County shall be made by the Director and will be coordinated with Partnership for a Healthy Mississippi.

Members will be expected to attend meetings or send an appropriate representative, and to maintain active communication with the President and the work group/committee chairs.

IV. Workgroups/Committees

Workgroups/committees shall be established annually by the membership to reflect priority areas. The President, in agreement with the Project Director, may appoint special workgroups/committees when deemed necessary.

The President of Partnership for a Healthy Harrison County, in agreement with the Project Director, will appoint a chair for each subcommittee or ad hoc group.

All Partnership for a Healthy Harrison County members will serve on a workgroup of their choice or will be appointed by the Executive Committee if they have no preference of group participation.

V. Meetings

A. Frequency

Regular meetings of Partnership for a Healthy Darrison County will be scheduled for the first Thursday of every other month.

The Vice President, in the absence of the President, will be responsible for the conduction of the meetings. Workgroups or committees will meet on an as needed basis or via conference calls.

B. Voting

Every official member of Partnership for a Healthy Harrison County shall have one vote. Action may be taken on issues and motions by a majority vote of the membership.

C. Quorum

A quorum will consist of 50% and one (1) person. Members may vote by phone/fax and/or by proxy vote -to the Project Director only.

D. Minutes

Minutes shall be prepared and maintained by the Secretary of Partnership for a Healthy Harrison County with staff assistance. Minutes shall show attendance, action taken, workgroup reports and a summary of issues. Partnership for a Healthy Harrison County shall approve such minutes at each subsequent meeting.

VI. Amending the By-laws

These By-laws may be amended at any meeting provided that proposed amendments have been distributed to the membership at least 14 days in advance of the voting date. Adoption will take place by a two-thirds majority vote of those members present at a membership meeting designated as the voting date for said proposal.

By-laws will be reviewed annually by a committee appointed by the President of Partnership for a Healthy Harrison County.

Submitted to the Partnership for a Healthy Harrison County on this _____ day of ______, 20_____. Adopted by the Partnership for a Healthy Harrison County on this _____ day of ______ 20____.

AMENDMENT TO SECTION V. /A (MEETING) OF BY-LAWS

SECTION V. A; REGULAR MEETING OF PARTNERSHIP FOR A HEALTHY HARRISON COUNTY WILL BE SCHEDULED FOR THE FIRST THURSDAY OF EVERY MONTH. <u>WILL READ/AS</u> <u>REQUIRED BY CONTRACT, PARTNERSHIP FOR</u> <u>A HEALTHY HARRISON COUNTY WILL MEET</u> <u>EVERY OTHER MONTH ON THE THIRD (3RD)</u> THURSDAY.

ON 9/18/03

ATTACHMENT C

Upcoming Week Itinerary Form

The Partnership for a Healthy Mississippi

By: _____ Date _____

The Partnership for a Healthy Harrison County

By:

Date ______ Harrison County Board of Supervisors

The Partnership for a Healthy Mississippi

| Associate Name: | | Supervisor Approval: | |
|-----------------|------|----------------------|--|
| | | Received Date: | |
| DAY | DATE | ACTIVITIES/EVENTS | |
| Monday | | | |
| Tuesday | | | |
| | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

Estimated hours to be worked: Outside activities (representing the Partnership). Employee Signature: Submitted on:

ATTACHMENT D

Approved Budget

Travel

\$78,214.00 \$51,050.00

\$78,214.00

Personnel \$ 7,670.00 \$0 Commodities \$0 Indirect/Operating Costs \$19,494.00 Program Activities

TOTAL BUDGET

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ATTACHMENT D (CONTINUED) Itemized Budget

The PHM reserves the right to prohibit the use of funds for programs that are not scientifically defensible with respect to the prevention of the use of tobacco by children and youth. The PHM will provide guidance regarding the completion of performance of objectives presented by the Recipient.

This itemized budget is made part of the contract by reference.

The Partnership for a Healthy Mississippi

| By: | | Date | | |
|-----|------|------|--|--|
| | | | The second secon | |

The Partnership for a Healthy Harrison County

| Project Director | Date |
|------------------|-------------------------|
| | Healthy Harrison County |
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Harrison County Board of Supervisors

F rison

Proposed Budget for June 1, 2004 through May 31, 2005

| Total Dudnets | | | Budget | 1 0 % | ∿lnt-kind |
|---------------|---|----------|-----------|--------------|-----------|
| Total Budget: | (subject to PHM Board of Director's approval) | \$ | 78,214.00 | \$ | 13,150.0 |
| Personne | l. | | | | |
| i alsolitte | | \$ | 35,300.00 | \$ | |
| | Project Director's Salary | \$ | 35,300.00 | \$ | - |
| | Fringe Benefits (maximum 30% must schedule out) | \$ | - | \$ | _ |
| | FICA | \$ | - | \$ | - |
| | SUTA | \$ | - | \$ | - |
| | FUTA | \$ | | \$ | |
| | Health Insurance | \$ | _ | \$ | _ |
| | Life Insurance | \$ | - | \$ | - |
| | Retirement | \$ | - | \$ | _ |
| | Other | \$ | - | \$ | - |
| Program: | minimum amount that must be placed in programs | \$ | 19,494.00 | \$ | |
| | Programmatic Activities | | | | - |
| | RAT | \$ | 12,994.00 | | - |
| | SWAT | \$ | 1,750.00 | | - |
| | ALLIES | \$ | 1,750.00 | \$ | - |
| | FRONTLINE | \$ | 1,750.00 | \$ | - |
| | WATCH | \$ | 4,750.00 | \$ | - |
| | | \$ | 2,750.00 | \$ | - |
| | ACTIVITY OF YOUR CHOICE | \$ | 244.00 | \$ | - |
| | Programmatic Travel | \$ | _ } | ø | |
| | Rentals | 9 5 | - | \$ | - |
| | Gas | | -) | \$ | - |
| | Bus Drivers | \$ \$ | - | \$ | - |
| | | Φ | - | \$ | - |
| | Awareness Activities | \$ | 1,250.00 | \$ | - |
| | Cessation Activities | \$ | 500.00 | \$ | - |
| | Policy Change Activities | \$ | 500 00 | \$ | - |
| | Other Activities | s | 3,500.00 | æ | |
| | Luncheons | 5 5 | 1,000.00 | | - |
| | Awards/Scholarships | \$ | | φ \$ | - |
| | Facility Rentals | \$ | | Ф | - |
| Faith Base | d:(Must be used June/July 2004) | | | | - |
| | | \$ | 750.00 | \$ | ~ |

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

| ing bu | dget after Personnel and Program | \$ | 23,420.00 | \$ | - |
|----------|---|---------|-----------|----------|------------------|
| Personn | nel: | | | | |
| | Project Assistant's Salary | \$ | 15,750.00 | | - |
| | Merit Raise for PA | \$ | 15,000.00 | | - |
| | Fringo Respectito (must anti-anti-anti- | \$ | 750.00 | \$ | - |
| | Fringe Benefits (must schedule out) | \$ | - | \$ | - |
| | FICA | \$ | - | \$ | - |
| | SUTA | \$ | - | \$ | - |
| | FUTA | \$ | - | \$ | - |
| | Other | \$ | - | \$ | - |
| Travel: | | \$ | 7,670.00 | \$ | |
| | CYP Quarterly Conference (4) | \$ | 1,490.00 | | |
| | Mileage | s | 575.00 | | - |
| | Meals | Š | 275.00 | | • |
| | Lodging | S | | | - |
| | | 3 | 640.00 | \$ | - |
| | Other Conferences | \$ | 1,000.00 | \$ | - |
| | Mileage | \$ | | \$ | - |
| | Meals | \$ | - | \$ | - |
| | Lodging | \$ | | \$ | - |
| | Registration Fees | \$ | 1,000.00 | \$ | - |
| | Transportation (plane, bus, train) | \$ | - | \$ | - |
| | Field Work | \$ | 5,180.00 | \$ | - |
| Commo | dities: | \$ | | \$ | |
| | Supplies | Š | - | \$ \$ | - |
| | Paper | Š | - | | - |
| | Postage | 5 \$ | _ | \$ | - |
| | Ink Cartridges | | | \$ | 600.00 |
| | Other consumable goods (copy & fax) | \$ | - 1 | \$ | - |
| | • | \$ | | \$ | 1,200.00 |
| | Equipment (already in possession) | \$ | - | \$ | |
| | Leases | \$ | - | \$ | - |
| | Repairs | \$ | - | \$ | - |
| | Other (must be approved by PHM) | \$ | - | \$ | - |
| Indirect | (Operating Costs): | \$ | - | \$ | _ |
| | Rent | \$ | | \$ | 7,200.00 |
| | Bookkeeper fee | \$ | | ₽ \$ | 7,200.00 |
| | Utilities (water, gas, electricity) | \$ | | ф \$ | - 2,400 00 |
| | Communications | \$ | īi | ր \$ | ∠, 400 00 |
| | Internet | э \$ | - | э \$ | 760.00 |
| | Telephone | э \$ | | ֆ \$ | 250.00 |
| | | \$ | - | \$ | 1,500.00 |
| | Cell phone | \$ | ļ | \$ | |

ATTACHMENT E

Monthly Progress Report/Work Plan

The Partnership for a Healthy Mississippi

By: _____ Date _____

The Partnership for a Healthy Harrison County

By:

_____Date _____ Harrison County Board of Supervisors

Monthly Progress Report/Work Plan Awareness Activities

CYP Name & Director: PH HARRISON CO./ JIMMY JOHNSON __Activity was in: HARRISON County

Please check only one: General Awareness <u>X</u>

Worksite Cessation Education Presentation

Month JUNE 2004

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): _____CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|--|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| Boys and Girls Club of the Gulf Coast Summer Camp Program- Tobacco 101 Classes and assist with the camp activities | Camps start June 1, 2004 to July 23,2004 | Biloxi | Popp's Ferry Unit | \$50.00 |
| Steps Toward Completion: Staff training 1st week in June Schedule time for event Complete Camp | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian.____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

| CYP Name & Director: PH HARRISON CO. / JIMMY JOHNSON | Activity was in: HARRISON | County | Month <u>JUNE 2004</u> |
|--|---------------------------|--------|------------------------|
|--|---------------------------|--------|------------------------|

Please check only one: General Awareness X

Worksite Cessation Education Presentation

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|----------------|----------------|--|-----------------|
| Activity/Event Name: | | | | |
| BOYS AND GIRLS CLUB OF THE GULF | June 1, 2004 – | Pass Christian | Pass Christian Unit | \$50.00 |
| COAST SUMMER CAME PROGRAM- | | | | |
| TOBACCO 101 CLASSES AND ASSIST | TO | | | Ì |
| WITH THE CAMP ACTIVITIES | | | | |
| | July 23, 2004 | | | |
| Steps Toward Completion: | | | | |
| Staff training 1st week in June | Í | | | 1 |
| Schedule time for event | | | | |
| Complete Camp | | | | |
| 1 1 | | | | 1 |
| | | 1 | | 1 |
| | | | | 1 |
| | | 1 | | 1 |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

- Number of people attending activity?
 Youth_____Adult _____
- 2 Ethnic background of attendees? African Amer._____ Asian ____ Hispanic _____ Caucasian ____ Nat. Amer.____
- 3 New CYP general coalition members gained as a result of this activity?
- 4 Actual cost of the activity/event? _____
- 5 Successes and problems you encountered with this activity?

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| Monthly Prog Awarer | | |
|--|--|-----------------------|
| CYP Name & Director: PH HARRISON CO. / JIMMY JOHNSON | Activity was in: <u>HARRISON</u> County | Mont <u>JUNE 2004</u> |
| Please check only one: General Awareness \underline{X} | Worksite Cessation Education Presentation | |
| Formal Community Presentation | Clean Indoor Air / Community Policy Preser | ntation |

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amoun |
|---|---------------|--------------|--|----------------|
| Activity/Event Name: | June 1, 2004 | | | |
| BOYS AND GIRLS CLUB OF THE GULF | | - | | - |
| COAST SUMMER CAME PROGRAM- | TO | Biloxi | Lunday's Unit | \$50.00 |
| OBACCO 101 CLASSES AND ASSIST | | | : | |
| VITH THE CAMP ACTIVITIES | July 23, 2004 | | | |
| | | | | |
| Steps Toward Completion: | | | | [|
| 4. Staff training 1st week in June | | | | |
| Schedule time for event | | | | |
| Complete Camp | | | | |
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| | | | | <u> </u> |
| lease complete one form for each activity held the following questions are to be completed at | | ov sussible. | | |
| | | | | |
| Number of people attending activity? | YOUIN | Adun | | |
| 2. Ethnic background of attendees? Africa | an Amer Asi | an Hispanic | Caucasian Nat. Amer. | |

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

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Please check only one: General Awareness X

Worksite Cessation Education Presentation

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| June 1, 2004 | | | |
|--------------------------|----------|---------------------|---------|
| anne 1, 200 4 | | | |
| | | | \$50.00 |
| TO | Gulfport | Forest Heights Unit | |
| | | | |
| July 23, 2004 | | | |
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| , I | | | |
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Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth Adult

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian ____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON Activity was in: HARRISON County Month JUNE 2004

Please check only one: General Awareness X

Worksite

Worksite Cessation Education Presentation

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event

(Ex. C/YP. nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|-----------------------------|----------------|--|-----------------|
| Activity/Event Name: Summer Reading/Camp Program at Community Libraries 3 Little Pig story with Bike Robot/ Tobacco 101 Classes for various age groups Steps Toward Completion: Already scheduled 1. Call day before confirm number of children 2. Complete program | June 2, 2004 Time 1:30pm | Pass Christian | City Library | \$50.00 |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth ______ Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _ ____ Caucasian____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

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CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON Activity was in: HARRISON County Month JUNE 2004

Please check only one: General Awareness _____X

Worksite Cessation Education Presentation

Formal Community Presentation _____ Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|---------------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| Summer Reading/Camp Program at Community Libraries | June 3, 2004 | D`Iberville | City Library | \$50.00 |
| 3 Little Pig story with Bike Robot/ Tobacco 101 Classes for various age groups | Time: 10:00am | | | |
| Steps Toward Completion: Already scheduled | | | | |
| Call day before confirm number of children | | | | |
| 2. Complete program | | | | |
| Please complete one form for each activity held this The following questions are to be completed afte | | n possible: | | |
| 1. Number of people attending activity? | Youth | | | |

2. New CYP general coalition members gained as a result of this activity?

3. Actual cost of the activity/event? _____

4. Successes and problems you encountered with this activity?

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

| CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON | Activity was in: <u>HARRISON</u> | County | Month JUNE 2004 |
|--|----------------------------------|--------|-----------------|
| | | | |
| | | | |

Please check only one: General Awareness <u>X</u>

Worksite Cessation Education Presentation

Formal Community Presentation _____ Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When • | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|--------------------------------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| Summer Reading/Camp Program at Community Libraries 3 Little Pig story with Bike Robot/ Tobacco 101 Classes for various age groups | June 17, 2004 Time: 10:00am | Biloxi | West Branch /City Library | \$50.00 |
| Steps Toward Completion: Already scheduled Call day before confirm number of children Complete program | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth _____ Adult __

2. Ethnic background of attendees? African Amer.____ Asian __ Hispanic Caucasian ___ Nat. Amer.

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

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| CYP Name & Director: P | PH HARRISON CO./JIMMY JOHNSON | Activity was in: HARRISON | County | Month JUNE 2004 |
|------------------------|-------------------------------|---------------------------|--------|-----------------|
|------------------------|-------------------------------|---------------------------|--------|-----------------|

Please check only one: General Awareness <u>X</u>

Worksite Cessation Education Presentation

Formal Community Presentation _____ Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|---------------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| Summer Reading/Camp Program at Community Libraries | June 17, 2004 | Biloxi | Popp's Ferry Branch Library | \$50.00 |
| 3 Little Pig story with Bike Robot/ Tobacco 101 Classes for various age groups | Time: 2:00pm | | | |
| Steps Toward Completion: | ļ | | | Í |
| Already scheduled | ĺ | | | |
| Call day before confirm number of children | | | | |
| Complete program | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Youth _____ Adult _____ 1. Number of people attending activity?

2. Ethnic background of attendees? African Amer._____ Asian ____ Hispanic _____ Caucasian_____ Nat. Amer._____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

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| | ogress Keport/Work Plan reness Activities |
|--|--|
| CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON | Activity was in: HARRISON County Month JUNE 2004 |
| Please check only one: General AwarenessX | Worksite Cessation Education Presentation |
| Formal Community Presentation | Clean Indoor Air / Community Policy Presentation |
| | |

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse team sponsor, volunteer, etc.): CYP/JIMMY_JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|---------------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| Summer Reading/Camp Program at Community Libraries | June 30, 2004 | Gulfport | Orange Grove Branch/City Library | \$50.00 |
| 3 Little Pig story with Bike Robot/ Tobacco 101 Classes for various age groups | Time 2:00pm | | | |
| Steps Toward Completion: | | | | |
| Already scheduled 1. Call day before confirm number of children | | | | : |
| 2. Complete program | | | | |

Please complete one form for each activity held this month. The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ____ Hispanic _____ Caucasian _____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

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| CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON | Activity was in: HARRISON County Month JULY 2004 |
|--|--|
| Please check only one: General AwarenessX | Worksite Cessation Education Presentation |

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON And PHM SWAT ON THE ROAD STAFF

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|----------------------------|--------------|--|-----------------|
| Activity/Event Name: PHM SWAT on The Road to visit Boys and Girls Club Summer Camp Program | July 12, 2004 Time: TBA | Biloxi | Boys and Girls Clubs-Lunday's Unite and the Popp's Ferry Unit | -0- |
| Steps Toward Completion: Already scheduled Schedule Program Call day before confirm number of children Complete program | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult ____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian_____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

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| Monthly Progress Report/Work Plan Awareness Activities | | | | | |
|---|--|--|--|--|--|
| CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON | Activity was in: <u>HARRISON</u> County Month <u>JUNE 2004</u> | | | | |
| Please check only one: General Awareness <u>X</u> | Worksite Cessation Education Presentation | | | | |
| Formal Community Presentation | Clean Indoor Air / Community Policy Presentation | | | | |

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|------|--------------------------------------|--|-----------------|
| Activity/Event Name: FATHER DAY ACTIVITY SCHEDULED BY PHM OR PHHC WILL CONTACT A ACTIVITY AT THE BOYS AND GIRLS CLUB FOR FATHER DAY | TBA | Biloxi Gulfport Pass Christian | Boys and Girls Clubs of the Gulf Coast | -0- |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Member of people attending activity? Youth _____ Adult _____

2. Ethnic background of attendees? African Amer. _____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer. ____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

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| CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON | Activity was in: <u>HARRISON</u> County | Month <u>JUNE 2004</u> |
|--|---|------------------------|
| Please check only one: General AwarenessX | Worksite Cessation Education Presentation _ | · · · |

Formal Community Presentation

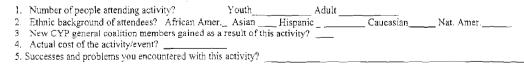
Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School <u>, Office, Church</u> , etc.) | Budgeted Amount |
|--|---|--------------|---|-----------------|
| Activity/Event Name: | | | | |
| City of Gulfport Recreation Dept. Summer Camp Participating in the Summer Camps held by the City of Gulfport Recreation Dept. The camps are held at the 7 different Community Centers throughout the city. Tobacco 101 Education programs and events using the R.A.T./ S.W.A.T. information. | June 7-July 30, 2004 Time and Date TBA | Gulfport | 7 various Community Centers | \$500.00 |
| Steps Toward Completion: Camp Already scheduled 1. Train staff to present program 2. Call to schedule our date 3. Call to confirm number of children 4. Complete program | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible;



Monthly Progress Report/Work Plan **Cessation Program**

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Activity was in: Harrison County Month/JUNE 2004 - MAY 2005

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): Kim Chatman. RN

| Program Name | | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budget |
|---|--|--|--|--|--|
| Activity/Event Name: | | | | | |
| Freedom From Smoking Classes During the month PHHC will assist in the classes at the Biloxi Regio in Biloxi. The Cardiopulmonary/Cardiovascular Unit at the center of throughout the year. PHHC assist this program by supplying materia for the course | onducts the classes | June 16, 2004 Time and Date TBA | The classes are conducted at the Biloxi Regional Medical Center, The | Biloxi Regional Medical Center, | \$1.000.00 (This is for a year of program supplies for ALA materials and |
| Steps Toward Completion: | · · · · · | | center will | | incentives) |
| 2. Schedule Classes – Quarterly sch 3. Call for number of participants from | Hospital will edule a Freedom m Smoking Class rterly for PHHC | | conduct class quarterly. | | |

The following questions are to be completed after program or activity

| Number of people attending session | Session 1: | Session 2: | Session 5: | Session 4: Other |
|------------------------------------|------------|------------|------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- 2. Number of people attending? Youth_ Adult
- Caucasian ____ Nat. Amer. ___ 3.
- Ethnic background of attendees? African Amer. _____ Asian _____ Hispanic _____ Caucasian _____ Nat. Amer. _____ Number of people reporting having quit tobacco use after the last session? ______ Expected follow-up date: _____ 4.
- 5. Actual cost of the program?
- б. New CYP members gained as a result of this program?
- Successes and problems you encountered with this program? 7.

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director Month (s) JUNE 2004

Please complete one form for each communication activity.

| Program Name | When | Where | Person Responsible | Budget |
|---|-----------|------------------------|--------------------|--------|
| Activity/Event Name: | | | | |
| Submit PHM Article for June 2004 – May 2005 | June 2004 | Sun Herald Back Bay | Jimmy D. Johnson | 0 |
| Steps Toward Completion: | То | Press/D'Iberville | | |
| 1. Fax copy of article | | Good News - | | |
| | May 2005 | Community Paper | | |
| | | | | |
| | | | | |
| Please attach a copy of communication or press release | | | | |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

1. Anticipated number of viewers_____

4. Successes and problems you encountered with these activities? _____

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director Month (s) JULY 2004

Please complete one form for each communication activity.

| Program Name | When | Where | Person Responsible | Budget |
|--|-----------|----------------------------------|--------------------|--------|
| Activity/Event Name: | | | | |
| Submit PHM Article for June 2004 - May 2005 | June 2004 | Sun Herald Back Bay | Jimmy D. Johnson | 0 |
| Steps Toward Completion: 1. Fax copy of article | То | Press/D'Iberville Good News - | | |
| 17 | May 2005 | Community Paper | | |
| | | | | |
| | | a c | | |
| Please attach a copy of communication or press release | | | | |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

Anticipated number of viewers ______

2. New CYP members gained as a result of these activities? ______ 3. Actual cost of each activity? _____

4. Successes and problems you encountered with these activities?

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CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month (s) AUGUST 2004

Please complete one form for each communication activity.

| Program Name | When | Where | Person Responsible | Budget |
|---|-----------|--------------------------------|--------------------|--------|
| Activity/Event Name: | | 4 | | |
| Submit PHM Article for June 2004 - May 2005 | June 2004 | Sun Herald | Jimmy D. Johnson | 0 |
| | - | Back Bay | | |
| Steps Toward Completion: | То | Press/D'lberville |] | |
| 1. Fax copy of article | May 2005 | Good News – Community Paper | | |
| | | community ruper | | |
| | | | | |
| | | | | |
| | | | | |
| Please attach a copy of communication or press release | | | | |
| i cicasc | | | 1 | |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

1. Anticipated number of viewers

2. New CYP members gained as a result of these activities? ______ 3. Actual cost of each activity? ______

4. Successes and problems you encountered with these activities?

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month (s) SEPTEMBER 2004

Please complete one form for each communication activity.

| When | Where | Person Responsible | Budget |
|-----------|----------------------------------|---|--|
| | | | |
| June 2004 | Sun Herald Back Bay | Jimmy D. Johnson | 0 |
| То | Press/D'Iberville Good News – | | |
| May 2005 | Community Paper | | |
| | | | |
| | | | |
| | | | |
| | June 2004 To | June 2004 Sun Herald Back Bay To Press/D'Iberville Good News – | June 2004 Sun Herald Jimmy D. Johnson Back Bay To Press/D*Iberville Good News - |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

1. Anticipated number of viewers_____

2. New CYP members gained as a result of these activities? ______ 3. Actual cost of each activity? ______

4. Successes and problems you encountered with these activities?

S

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month (s) OCTOBER 2004

| Program Name | When | Where | Person Responsible | Budget |
|--|-----------|------------------------|--------------------|--------|
| Activity/Event Name: | | | | |
| Submit PHM Article for June 2004 – May 2005 | June 2004 | Sun Herald Back Bay | Jimmy D. Johnson | 0 |
| Steps Toward Completion: | То | Press/D'Iberville | | |
| 1. Fax copy of article | | Good News - | | |
| | May 2005 | Community Paper | | |
| | | | | |
| | | | | |
| Please attach a copy of communication or press | | | | |
| release | | | | |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

Anticipated number of viewers_____ 1.

New CYP members gained as a result of these activities? ______ 3. Actual cost of each activity? _____ 2.

Successes and problems you encountered with these activities? 4.

Q 1

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month (s) NOVEMBER 2004

Please complete one form for each communication activity.

| | | · | |
|-----------|------------------------|---|---|
| June 2004 | Sun Herald Back Bay | Jimmy D. Johnson | 0 |
| To | Press/D'Iberville | | |
| May 2005 | Community Paper | | |
| | | | |
| | | | |
| | | | |
| | Τo | Back Bay To Press/D'Iberville Good News - | Back Bay To Press/D'Iberville Good News - |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

1. Anticipated number of viewers

2. New CYP members gained as a result of these activities? _____ 3. Actual cost of each activity? _____

4. Successes and problems you encountered with these activities?

ن ز

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month (s) DECEMBER 2004

Please complete one form for each communication activity.

| Program Name | When | Where | Person Responsible | Budget |
|---|-----------|------------------------|--------------------|--------|
| Activity/Event Name: | | | | |
| Submit PHM Article for June 2004 - May 2005 | June 2004 | Sun Herald Back Bay | Jimmy D. Johnson | 0 |
| Steps Toward Completion: | То | Press/D'Iberville | | |
| 1. Fax copy of article | | Good News - | | |
| | May 2005 | Community Paper | | |
| | | | | |
| | | | | |
| | | | | |
| Please attach a copy of communication or press release | | | | |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting,

Anticipated number of viewers_____

2. New CYP members gained as a result of these activities? ______ 3. Actual cost of each activity? _____

4. Successes and problems you encountered with these activities?

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CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month (s) JANUARY 2005

Please complete one form for each communication activity.

| Herald Jimmy D. Johnson 0 k Bay |
|------------------------------------|
| |
| k Bay |
| |
| 'Iberville |
| News - |
| nity Paper |
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The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

Anticipated number of viewers

New CYP members gained as a result of these activities? ______
 Actual cost of each activity? ______

4. Successes and problems you encountered with these activities?

Month (s) FEBRUARY 2005

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Please complete one form for each communication activity.

| Program Name | When | Where | Person Responsible | Budget |
|--|-----------|------------------------|--------------------|--------|
| Activity/Event Name: | | | | |
| Submit PHM Article for June 2004 - May 2005 | June 2004 | Sun Herald Back Bay | Jimmy D. Johnson | 0 |
| Steps Toward Completion: | To | Press/D'Iberville | | |
| 1. Fax copy of article | | Good News - | | |
| | May 2005 | Community Paper | | |
| | | | | |
| | | | | |
| | | | | |
| Please attach a copy of communication or press | | | | |
| release | | 1 - | | |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

1. Anticipated number of viewers

2. New CYP members gained as a result of these activities? ______ 3. Actual cost of each activity? _____

4. Successes and problems you encountered with these activities?

h

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month (s) MARCH 2005

Please complete one form for each communication activity.

| Program Name | When | Where | Person Responsible | Budget |
|--|-----------|------------------------|--------------------|--------|
| Activity/Event Name: | | | | |
| Submit PHM Article for June 2004 – May 2005 | June 2004 | Sun Herald Back Bay | Jimmy D. Johnson | 0 |
| Steps Toward Completion: | То | Press/D'Iberville | | |
| 1. Fax copy of article | | Good News – | | |
| | May 2005 | Community Paper | ĺ | |
| | | | | |
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| | | 1 | | |
| | | | | |
| Please attach a copy of communication or press | | | | |
| elense | 1 | | | |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

000

1. Anticipated number of viewers

New CYP members gained as a result of these activities?
 3. Actual cost of each activity?

4. Success and problems you encountered with these activities?

Month (s) APRIL 2005

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Please complete one form for each communication activity.

| Program Name | When | Where | Person Responsible | Budget |
|--|-----------|-------------------|--------------------|--------|
| Activity/Event Name: | | | _ | |
| Submit PHM Article for June 2004 – May 2005 | June 2004 | Sun Herald | Jimmy D. Johnson | 0 |
| | | Back Bay | | |
| Steps Toward Completion: | Το | Press/D'Iberville | | |
| 1. Fax copy of article | | Good News - | | |
| | May 2005 | Community Paper | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Please attach a copy of communication or press | | | | |
| release | | | 1 | |
| release | | | | |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

- 1. Anticipated number of viewers_____
- 4. Successes and problems you encountered with these activities?

BOARD OF SUPERVISORS, MINUTES ISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

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CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month (s) MAY 2005

Please complete one form for each communication activity.

| Program Name | When | Where | Person Responsible | Budget |
|---|-----------|------------------------|--------------------|--------|
| Activity/Event Name: | | | | |
| Submit PHM Article for June 2004 – May 2005 | June 2004 | Sun Herald Back Bay | Jimmy D. Johnson | 0 |
| Steps Toward Completion | То | Press/D'Iberville | | |
| 1. Fax copy of article | | Good News – | | |
| | May 2005 | Community Paper | | |
| | | | Î | |
| | | | | |
| | | | | |
| Please attach a copy of communication or press release | | | | |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

1. Anticipated number of viewers_____

2. New CYP members gained as a result of these activities? ______ 3. Actual cost of each activity?

4. Successes and problems you encountered with this activity?

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CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director Month (s) JULY 2004

Please complete one form for each communication activity.

| Program Name | When | Where | Person Responsible | Budget |
|--|------|-----------|--------------------|------------|
| Activity/Event Name: | | | | |
| PPH-SUGGEST TOPIC | | | | |
| | TBA | ALL HIGH | | |
| HIGH SCHOOL FOOTBALL PROGRAM ADS | | SCHOOL IN | Jimmy D. Johnson | \$1,500.00 |
| | | HARRISON | | |
| Steps Toward Completion: | | COUNTY | | |
| Have PHM produce the ad | | | | |
| Contact the school who we had ad with last | | | | |
| year | | | | |
| Give ad to school | * | | | |
| Ad will be in book for every home game | | | | |
| | | | | |
| | | | | |
| Please attach a copy of communication or press | | | Į | |
| release | | | - | |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

1. Anticipated number of viewers______

4. Successes and problems you encountered with this activity?

С

Month (s) AUGUST 2004

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Please complete one form for each communication activity.

| Program Name | When | Where | Person Responsible | Budget |
|---|------|---------------------------|---|--------|
| Activity/Event Name: | | | | |
| PHHC SUGGESTIVE TOPIC | | | | |
| PHHC WILL CONTACT THE SCHOOL NEW | TBA | ALL THE HIGH SCHOOL IN | Jimmy D. Johnson | 0 |
| PAPERS TO PUT IN INFORMATION ON | | HARRISON | , | |
| FRONTLINE TEAMS OR ACTIVITIES | | COUNTY | | |
| | | | | |
| Steps Toward Completion: | | | | |
| | | | | |
| | | | ļ | |
| •••• • • • • • | | | | |
| Please attach a copy of communication or press release | | | American States and American St | |

The following questions are to be completed after communication activity. You may use the back of the form for additional reporting.

Anticipated number of viewers____

2. New CYP members gained as a result of these activities? ______ 3. Actual cost of each activity? _____

4. Successes and problems you encountered with this activity?

| CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON | Activity was in: HARRISON | County | Month JULY 2004 |
|--|---------------------------|--------|-----------------|
| | | | |

Please check only one: General Awareness X

Worksite Cessation Education Presentation

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|--------------|--------------|--|--------------------|
| Activity/Event Name: | | | | |
| Summer Reading/Camp Program at Community Libraries | July 7, 2004 | Gulfport | Downtown Branch /City Library | \$50.00 |
| 3 Little Pig story with Bike Robot/ Tobacco 101 Classes for various age groups | Time 3:00pm | | | |
| Steps Toward Completion: | | | | |
| Already scheduled | | l | | |
| Schedule Date | J | ł. | | |
| Call day before confirm number of | | | | |
| children | | | | |
| Complete program | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer.____ Asian ___ Hispanic _ ____ Caucasian____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

 $\overline{}$

CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON Activity was in: HARRISON County Month JULY 2004

Please check only one: General Awareness \underline{X}

Worksite Cessation Education Presentation

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|---------------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| Summer Reading/Camp Program at Community Libraties | July 10, 2004 | Bilexi | West Biloxi Branch Library/ on Pass Road | \$50.00 |
| 3 Little Pig story with Bike Robot/ Tobacco 101 Classes for various age groups | Time 10:00am | | | |
| Steps Toward Completion: Already scheduled | | | | |
| Schedule program Call day before confirm number of | | | | |
| children | | | | |
| Complete program | | | | |

Please complete one form for each activity held this month. The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer. _____ Asian Hispanic Caucasian Nat. Amer.

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? ____

5. Successes and problems you encountered with this activity?

| CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON | Activity was in: HARRISON C | <u>ounty</u> | Month <u>JULY 2004</u> |
|--|-----------------------------|--------------|------------------------|
| | | | |

Please check only one: General Awareness $___X$

Worksite Cessation Education Presentation

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|---------------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| Summer Reading/Camp Program at Community Libraries | July 17, 2004 | Biloxi | West Biloxi Branch/City Library-on Pass Road | \$50.00 |
| 3 Little Pig story with Bike Robot/ Tobacco 101 Classes for various age groups | Time 10:00am | | | |
| Steps Toward Completion: Already scheduled | | | | |
| Schedule Program | | | | |
| Call day before confirm number of children | | | | |
| Complete program | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer. _____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer. ____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

BOARD 0F = SUPERVISORS, MAY MINUTES S, HARRISON COUNTY, MISSISSIPPI 2004 **TERM**

| CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON | Activity was in: HARRISON County Month JULY 2004 |
|--|--|
| Please check only one: General Awareness <u>X</u> | Worksite Cessation Education Presentation |
| Formal Community Presentation | Clean Indoor Air / Community Policy Presentation |

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): _____CYP/JIMMY JOHNSON AND PHM SWAT ON THE ROAD STAFF

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|---------------|----------------|--|-----------------|
| Activity/Event Name: | | | | |
| PHM SAWT on The Road will visit Boys and Girls Clubs Summer Camp Program | July 13, 2004 | Gulfport | Forest Heights Unit | -0- |
| , 2 | | And | And | |
| Steps Toward Completion: | | | | ĺ |
| Already scheduled | | Pass Christian | Pass Christian Unit | |
| Schedule Program | | | | |
| Call day before confirm number of | | | | |
| children | | | | 1 |
| Complete program | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Number of people attending activity?
 Youth_____ Adult

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

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| Monthly Progress support/Work Plan Awareness Activities | |
|---|--|
| CYP Name & Director: PH HARRISON CO./JIMMY JOHNSON Activity was in: HARRISON County Month JULY 2004 | |
| Please check only one: General Awareness X Worksite Cessation Education Presentation | |
| | |

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|---------------|----------------|--|-----------------|
| Activity/Event Name: | | | | |
| | July 14, 2004 | Pass Christian | Pass Christian City Library | \$50.00 |
| Summer Reading/Camp Program at | | | | |
| community libraries; 3 little pig story using | Time 1:30pm |] | | |
| bike robot or Tobacco 101 classes for various | , | | | |
| age groups. | | | | 1 |
| Steps toward completion | | 1 | | |
| Al ready scheduled | | | | |
| Call the day before to confirm the | |) | | |
| number of children | | | | |
| Complete the program | | | | Í |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

С

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON

Month JULY 2004

Please check only one: General Awareness X

Worksite Cessation Education Presentation

County

Formal Community Presentation _____

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|---------------|------------------------------------|--|-----------------|
| Activity/Event Name: | _ | | | |
| Edgewater Rotary Club/Boys and Girls Club Community Heath/Safety Fair | July 31, 2004 | Biloxi At the Edgewater Mall | Event will be held at the Edgewater Mail | \$250.00 |
| Steps Toward Completion: 1. Date and time is scheduled | | | | |
| 2. Prepare materials/giveaways for event | | | | |
| Set up for event Have event | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _ ____ Caucasian____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

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| CYP Name & Director: JIMMY JOHNSON | Activity was in: HARRISON | County | Month <u>JULY 2004</u> |
|------------------------------------|---------------------------|--------|------------------------|
| | | | |

Please check only one: General Awareness

Worksite Cessation Education Presentation

Formal Community Presentation Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| Teacher Meeting at Teacher's Work Shop before start of school year | TBA | D'Iberville | D'Iberville High School | |
| Steps Toward Completion: | | | | |
| Schedule the day and time | | | | |
| Prepare material on Frontline | | | | |
| Present program | | | | |
| Sign up a sponsor | | | | <u> </u> |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Youth _____Adult _____ 1. Number of people attending activity?

2. Ethnic background of attendees? African Amer._____ Asian ____ Hispanic ______ Caucasian _____ Nat. Amer. ____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

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| CYP Name & Director: JIMMY JOHNSON | Activity was in: HARRISON | County |
|------------------------------------|---------------------------|--------|
| | , | |

Please check only one: General Awareness _____X___

Worksite Cessation Education Presentation

Formal Community Presentation _____ Clean In

Clean Indoor Air / Community Policy Presentation

Month JULY 2004

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| · . | TBA | Long Beach | Long Beach High School | |
| Teacher Meeting at Teacher's Work Shop before start of school year | | | | |
| Steps Toward Completion: | | | | |
| 1. Schedule the day and time | | | | |
| Prepare material on Frontline | | | | i İ |
| Present program. | | | | |
| Sign up a sponsor | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____Adult _____

2. Ethnic background of attendees? African Amer. ____ Asian ___ Hispanic ____ Caucasian ___ Nat. Amer. ____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

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| CYP Name & Director: JIMMY JOHNSON | Activity was in: HARRISON | County | Month <u>JULY 2004</u> |
|------------------------------------|---------------------------|--------|------------------------|
|------------------------------------|---------------------------|--------|------------------------|

Please check only one: General Awareness X

Worksite Cessation Education Presentation _____

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): _____CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|----------------|--|-----------------|
| Activity/Event Name: | | | | |
| | TBA | Pass Christian | Pass Christian High School | |
| Teacher Meeting at Teacher's Work Shop before start of school year | | | | |
| Steps Toward Completion: | | | | |
| 1. Schedule the day and time | | | | |
| Prepare material on Frontline | | | | |
| Present program | | | | |
| 4. Sign up a sponsor | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth _____ Adult

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? ______

5. Successes and problems you encountered with this activity?

BOARD MINUTES OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

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Monthly Progress Report/Work Plan Awareness Activities CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County Month JULY 2004 Please check only one: General Awareness X_ Worksite Cessation Education Presentation _____ Formal Community Presentation Clean Indoor Air / Community Policy Presentation ______

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amoun |
|--|------|--------------|--|----------------|
| Activity/Event Name: | TBA | Gulfport | Harrison Central High School | |
| Teacher Meeting at Teacher's Work Shop before start of school year | | | | |
| Steps Toward Completion: | | | | |
| Schedule the day and time | | | | Ì |
| Prepare material on Frontline | | | | |
| Present program | | | | |
| Sign up a sponsor | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer.____ Asian ___ Hispanic _____ Caucasian____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

- 4. Actual cost of the activity/event?
- 5. Successes and problems you encountered with this activity?

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| CYP Name & Director: JIMMY JOHNSON | Activity was in: <u>HARRISON</u> | <u> </u> | Month <u>JULY 2004</u> |
|------------------------------------|----------------------------------|----------|------------------------|
| | | | |

Please check only one: General Awareness ____X___

Worksite Cessation Education Presentation

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event

| (Ex. C/YP, nurse, team sponsor, | volunteer, etc.): | <u>CYP/JIMMY JOHNSON</u> |
|---------------------------------|-------------------|--------------------------|
| | | |

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| | TBA | Gulfport | Gulfport High School | |
| Teacher Meeting at Teacher's Work Shop before start of school year | | | | |
| Steps Toward Completion: | | | | |
| Schedule the day and time | | | | |
| Prepare material on Frontline | | | / | |
| Present program | | | | |
| Sign up a sponsor | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer.____ Asian ___ Hispanic ____ Caucasian ____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON

Please check only one: General Awareness ____X___

Worksite Cessation Education Presentation

Month JULY 2004

Budgeted Amount

County

Formal Community Presentation _____ Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

 Activity/Event Name
 When
 Name of Town
 Physical location of event (ex. Park, School, Office, Church, etc.)

 Activity/Event Name:
 TBA
 Gulfport
 St John High School

Schedule the day and time
 Prepare material on Frontline
 Present program

Teacher Meeting at Teacher's Work Shop before

start of school year

Steps Toward Completion:

4. Sign up a sponsor Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Number of people attending activity?
 Youth_____Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian.____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

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| CYP Name & Director: JIMMY JOHNSON | Activity was in: HARRISON | County | Month <u>JULY 2004</u> |
|------------------------------------|---------------------------|--------|------------------------|
| | | | |

Please check only one: General Awareness ____X_

Worksite Cessation Education Presentation

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): _____CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|-------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| | · TBA | Biloxi | Mercy Cross High School | |
| Teacher Meeting at Teacher's Work Shop before | | | | |
| start of school year | | | | |
| Steps Toward Completion: | | | | |
| 1. Schedule the day and time | | | | |
| 2. Prepare material on Frontline | | | | |
| Present program | | | | |
| Sign up a sponsor | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth _____ Adult

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian ____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

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| CYP Name & Director: JIMMY JOHNSON | Activity was in: HARRISON | County |
|------------------------------------|---------------------------|--------|
| | | |

Please check only one: General Awareness ____X__

Worksite Cessation Education Presentation

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation _____

Month JULY 2004

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| j | TBA | Biloxí | Biloxi High School | |
| Teacher Meeting at Teacher's Work Shop before start of school year | | | | |
| Steps Toward Completion: | | : [| | |
| 1. Schedule the day and time | | | | |
| Prepare material on Frontline | | | | |
| Present program | | | | |
| Sign up a sponsor | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth______Adult

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _ _____ Caucasian ____ Nat. Amer. ____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

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CYP Name & Director: JIMMY JOHNSON _____ Activity was in: HARRISON County

Month_JULY 2005

Please check only one: General Awareness X

Formal Community Presentation

Worksite Cessation Education Presentation Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|---------------|--------------|--|-----------------|
| Activity/Event Name: | | 1 | | |
| | Month of July | Gulfport | At the Harrison county School District | |
| Teacher's Meeting with Lead Teachers of the | | | Office | |
| Harrison County School District at their work | 2004 | | | |
| shop to promote PHHC/PHM school programs | | | | |
| | Time TBA | | | |
| Steps Toward Completion: | | | | |
| Schedule date and time | | | | |
| Prepare material need for class | | | | |
| Present program | I | | | |
| Sign up teacher who need s training or | | | | |
| other materials | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian ____ Nat. Amer. ___

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

Monthly Progress Report/Work Plan Awareness Activities CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County Month JUNE 2004 Please check only one: General Awareness X Worksite Cessation Education Presentation ______ Formal Community Presentation Clean Indoor Air / Community Policy Presentation _______

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|---|--------------|--|-----------------|
| Activity/Event Name: PHHC Dir and staff member will meet with all of our Faith Base Grantees in a work shop to assist them in reporting and training with PHHC/PHM programs for their Summer Programs | After the Training in Jackson is held | Gulfport | The training will be conducted at PHHC office | |
| Steps Toward Completion: I. Receive names of Grantees 2. Schedule meeting 3. Invite Grantees 4. Training Session | Time TBA | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex: Park, School, Office, Church, etc.) | Budgeted Amount |
|---|------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| First PHHC Board Meeting will be longer then regular meeting, due to the fact this will be a "Board Information/Training Session" for the new Contract Year. This meeting will cover PHHC scope of work and whom each board member can assist. | TBA | Gulfport | The meeting will be PHHC Office | \$100 |
| Steps Toward Completion: 1. Schedule the meeting 2. Training | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

- 1. Number of people attending activity? Youth_____ Adult _____
- 2. Ethnic background of attendees? African Amer._____ Asian ____ Hispanic _ _____ Caucasian _____ Nat. Amer.____
- 3. New CYP general coalition members gained as a result of this activity?
- 4. Actual cost of the activity/event? _____
- 5. Successes and problems you encountered with this activity?

CYP Name & Director: JIMMY JOHNSON ____ Activity was in: HARRISON County

Month <u>AUGUST 2004</u>

Please check only one: General Awareness \underline{X}

Formal Community Presentation _____

Clean Indoor Air / Community Policy Presentation

Worksite Cessation Education Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.); CYP/JJMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amoun |
|--|----------------------------|-----------------|--|----------------|
| Activity/Event Name: | Before the | In the Harrison | At the various stadiums | -0- |
| TOBACCO -FREE ZONE SIGNS- | beginning of the school | County School | | |
| Steps Toward Completion: | | | | |
| Check the school for damage sign | | | | |
| Replace the sign | | | | |
| Place new sign in new area | | | | |
| 4. | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth _____ Adult _____

2. Ethnic background of attendees? African Amer. ____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer. ____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

Monthly Progress Report/Work Plan Organizational/Awareness Activities

| CYP Name & Director: JIMMY JOHNSON Activity was in: HARRIS | SON County Month AUGUST 2004 |
|--|--|
| Please check only one: General AwarenessX | Worksite Cessation Education Presentation |
| Formal Community Presentation | Clean Indoor Air / Community Policy Presentation |

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|--------------|--|-----------------|
| Activity/Event Name: COLLABORATION MEETING- With Target | TBA | Gulfport | At PHHC Office | \$100.00 |
| Programs | | | | |
| Steps Toward Completion: | | | | 1 |
| 1. Receive Target Program Member list from PHM | | | | |
| 2. Contact the Members | | | | |
| Scheduled a Meeting | | | | |
| Prepare materials | | | | |
| Conduct the Meeting | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic ______ Caucasian____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

BOARD OF SUPERVISORS MAY MINUTES IS, HARRISON COUNTY, MISSISSIPPI Y 2004 TERM

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| CYP Name & Director: JIMMY JOHNSON | Activity was in: HARRISON | County | Month AUGUST 2004 |
|---|---------------------------|-------------|------------------------|
| Please check only one: General Awareness <u>X</u> | Worksit | e Cessation | Education Presentation |

Formal Community Presentation

esentation _____ Clean Indoor Air / Community Policy Presentation ____

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| PHHC will visit all of the after School Programs sponsored by the YMCA to reschedule them for | TBA | Biloxí | At the various elementary school conducting the program | |
| our programs | | D'Ibervilee | conducting the program | |
| Steps Toward Completion: | | Long Beach | | |
| Call to see with the program began | | E . | | |
| Schedule a Meeting with site Director | | | | |
| Training with needed | | i i | | |
| Work with staff on proper reporting | | | | |
| Assist with activities with needed | | - 7 | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer. ____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer. ____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

CYP Name & Director: JIMMY JOHNSON ____ Activity was in: HARRISON County

Please check only one: General Awareness X

Worksite Cessation Education Presentation

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Month SEPTEMBER 2004

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| Club Day at Long Beach High School- to promote Frontline Team Registration | ТВА | Long Beach | High School | \$220.00 |
| Steps Toward Completion: Call Frontline sponsor for day/time Assist in setting up booth/display Have hand outs/ material Conduct the event | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth ______ Adult _____

2. Ethnic background of attendees? African Amer _____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer ____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

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CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

Month SEPTEMBER 2004

Please check only one: General Awareness \underline{X}

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Worksite Cessation Education Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNS</u>ON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|------|-----------------|--|-----------------|
| Activity/Event Name: | ТВА | Harrison County | In the Various Middle/High Schools | \$200.00 |
| PHHC will once again be registering member for its Sheriff; Department Explores Post (Frontline Team) | | | - | |
| Steps Toward Completion: 1. Meet with office of the Post 2. Make flyer | | | | |
| Pass them out at schools Schedule a meeting for the new members | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult ____

2. Ethnic background of attendees? African Amer.____ Asian __ Hispanic _____ Caucasian ____ Nat, Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

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CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

Month NOVEMBER 2004

Please check only one: General Awareness X

Worksite Cessation Education Presentation _____

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|---------------|--------------|--|-----------------|
| Activity/Event Name: | The Second | | | |
| | Thursday in | TBA | Schools | \$200.00 |
| GREAT AMERICAN SMOKE OUT: | November | | | |
| Steps Toward Completion: | November 11th | | | |
| Will work with the ACS | 1 | | | |
| Plan Event or Contest | | | | |
| Schedule the place/time | | | | |
| Prepare mater | | | | |
| 5. Judge/awards prize's | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer.____ Asian ___ Hispanic _ ____ Caucasian____ Nat. Amer.___

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? ______

BOARD MINUTES OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

Worksite Cessation Education Presentation

Month OCTOBER 2004

Please check only one: General Awareness X

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JO</u>HNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|----------------|--|-----------------|
| Activity/Event Name: RED RIBBON WEEK- WITH THE BOYS | | 5 5 | | |
| AND GIRLS CLUBS | TBA | Bíloxi | Will be working program director of the clubs | \$250.00 |
| Steps Toward Completion: 5. Will contact Clubs | | Gulfport | | |
| Schedule Event Judge contest or event | | Pass Christian | | |
| 8. Award Winner | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

- ____ Adult _____ 1. Number of people attending activity? Youth
- 2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian ____ Nat. Amer.____
- 3. New CYP general coalition members gained as a result of this activity?
- 4. Actual cost of the activity/event? _____
- 5. Successes and problems you encountered with this activity?

| CYP Name & Director: JIMMY JOHNSON Activity was in: HARR | ISON County | Month OCTOBER 2004 |
|--|-------------------------|---------------------------|
| Please check only one: General AwarenessX | Worksite Cessation Educ | ation Presentation |
| Formal Community Presentation | Clean Indoor Air / Comm | unity Policy Presentation |

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): _____CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|-----------------|--|-----------------------|
| Activity/Event Name: | | | | |
| RED RIBBON WEEK | | | | |
| | TBA | Harrison County | Will be working with the School Resource | \$500.00 |
| Steps Toward Completion: | | | Officer | (This well be for the |
| Will contact school | | | | awards PHHC will |
| Schedule Event | | 1 | | give to the children) |
| Judge contest or event | | | | |
| 4. Award Winner | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth _____ Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ____Hispanic ______ Caucasian _____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

CYP Name & Director: JIMMY JOHNSON ____ Activity was in: HARRISON County

Month OCTOBER 2004

Please check only one: General Awareness \underline{X}

Worksite Cessation Education Presentation

Formal Community Presentation Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|---|--|-----------------------------------|
| Activity/Event Name: Sheriff's Night out against Crime | TBA | D'Iberville | Community Center | \$500.00 (This well for snacks |
| Steps Toward Completion: Contact Community Relations Div for date/time Prepare hand outs/material Set up display Conduct the event | | And Rural part of Harrison County | Churches | and give a ways) |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer.____ Asian __ Hispanic _ ____ Caucasian ___ Nat. Amer.___

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

Month NOVEMBER 2004

Please check only one: General Awareness X

Worksite Cessation Education Presentation

Formal Community Presentation Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount | |
|---|------|--------------|---|-----------------|--|
| Activity/Event Name: | TBA | D'Iberville | | | |
| Sheriff's Department Health/Safety Jamboree | | Long Beach | Parking lot of a store | \$200.00 | |
| Steps Toward Completion: 1. Be in on planning of date and event 2. Order material/handouts/give a ways 3. Schedule Time/Place | | | | | |
| 4. Set display 5. Conduct event | | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth _____Adult _____

2. Ethnic background of attendees? African Amer. Asian Hispanic Caucasian Nat. Amer.

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

Please check only one: General Awareness _ X

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Worksite Cessation Education Presentation

Month NOVEMBER 2004

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|----------------------------------|--------------|--|-----------------|
| Activity/Event Name; | | _ | | |
| "Feed the Needy" | Thanksgiving Day Thursday, | Gulfport | Air National Guard Armory | -0- |
| Steps Toward Completion: Assist with the planning Help prepare the food Set the program for the Day Work with Explorer Frontline Team Conduct the event | November 25, 2004 | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Youth_____Adult 1. Number of people attending activity?

2. Ethnic background of attendees? African Amer.____ Asian Hispanic _____ Caucasian_____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

Actual cost of the activity/event? ______

5. Successes and problems you encountered with this activity?

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CYP Name & Director: JIMMY JOHNSON ____ Activity was in: HARRISON __County

Please check only one: General Awareness X

Month DECEMBER 2004

Formal Community Presentation _____ Clean Indoor Air / Community Policy Presentation _____

Worksite Cessation Education Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.)_ | Budgeted Amount |
|---------------------------------------|--------------------------------|-----------------|---|-----------------|
| Activity/Event Name: | | | | |
| CHRISTMAS CARD PROGRAM | First week in December 2004 | Harrison County | To PHHC Board Members | \$50.00 |
| Steps Toward Completion: | | | | |
| Address the cards | | | | |
| 2. Send the cards | | • | | |
| | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth Adult

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

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| Monthly Progress Report/Work Plan | |
|-----------------------------------|--|
| Awareness Activities | |

| | CYP Name & Director: | JIMMY JOHNSON | Activity was in: <u>HARRISON</u> County |
|--|----------------------|---------------|---|
|--|----------------------|---------------|---|

Please check only one: General Awareness X

Worksite Cessation Education Presentation

Month DECEMBER 2004

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--------------------------|---------------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| "Feed the Needy" | Christmas Day | | | |
| · | | Gulfport | Air National Guard Armory | -0- |
| Steps Toward Completion: | December 25, | - | | |
| Same as in November | 2004 | | | |
| |] [| | | |
| | 5 | | | · · |
| | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Number of people attending activity?
 Youth_____Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

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| CYP Name & Director: JIMMY JOHNSON | Activity was in: HARRISON | _County | Month DECEMBER 2004 |
|---|---------------------------|---------------------|---------------------|
| Please check only one: General Awareness <u>X</u> | Works | ite Cessation Educa | tion Presentation _ |

Worksite Cessation Education Presentation

Formal Community Presentation _____ Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|--------------------------------|----------------------------|--|-----------------|
| Activity/Event Name; | | | | |
| CHRISTMAS CARD PROGRAM | First week in December 2004 | Harrison County Schools | To Parents | \$200.00 |
| Steps Toward Completion: | | | | |
| Schedule the contest | | | | |
| Select the schools | | | | |
| Provide material | | | | |
| Assist with Judging and awards | | | • | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth Adult

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

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4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

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| Monthly Progress Keport/Work Plan |
|-----------------------------------|
| Awareness Activities |

| CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County | |
|---|--|
|---|--|

Please check only one: General Awareness <u>X</u>

Worksite Cessation Education Presentation

Month DECEMBER 2004

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|--------------------------------|-----------------|--|-----------------|
| Activity/Event Name: | | | | i |
| CHRISTMAS CARD PROGRAM | First week in December 2004 | Harrison County | To School Administrators | \$50.00 |
| Steps Toward Completion: 1. Address the cards 2. Send the cards | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer.____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity? _____

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Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|--------------------------------|-----------------|--|-----------------|
| Activity/Event Name: | | ا | | |
| CHRISTMAS CARD PROGRAM | First week in December 2004 | Harrison County | To all elected Officials (State-County-Local) | \$200.00 |
| Steps Toward Completion: 1. Address the cards | | | | |
| 2. Send the cards | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth Adult

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian.____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

CYP Name & Director: JIMMY JOHNSON _____ Activity was in: HARRISON County

Month JANUARY 2005

Please check only one: General Awareness X

Worksite Cessation Education Presentation

Formal Community Presentation _____

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|-------------------------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| Health Fair at Pass Road Elementary School- School Nurse | Last week in January | Gulfport | Pass Road Elementary School | -0- |
| Steps Toward Completion: 1. Get the date/time 2. Set up display/booth 3. Present materials/handouts | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer. _____ Asian ___ Hispanic _ ____ Caucasian.____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

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CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

Month JANUARY 2005

Please check only one: General Awareness X

Worksite Cessation Education Presentation

Formal Community Presentation Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|-------------------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| | The first week in | | | |
| American Cancer Society- Relay Life Committee | January 2005 | Gulfport | American Cancer Society Office | -0- |
| Meeting | | | | |
| Steps Toward Completion: | | | 1 | |
| 1. Receive letter for the meeting | | | | |
| 2. Attend the meeting | l I | | | |
| 3. Be pare of the Planning for the up | | | | |
| coming event | | | | |
| Start working community information | | | | |
| for teams | 1. | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1.Number of people attending activity? Youth____Adult

3. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer.____

4. New CYP general coalition members gained as a result of this activity?

5. Actual cost of the activity/event? _____

6. Successes and problems you encountered with this activity?

BOARD OF SUPERVISORS, MAY MINUTES RS, HARRISON COUNTY, MISSISSIPPI 2004 TERM

| CYP Name & Director: JIMMY JOHNSON Activity was in: HARRI | SON | County | Month JANUARY 2005 |
|---|-------|-----------------------|--------------------------|
| Please check only one: General Awareness X | Works | ite Cessation Educati | ion Presentation |
| Formal Community Presentation | Clean | Indoor Air / Commur | nity Policy Presentation |

Name of person(s) responsible for completing the activity/event_ (Ex, C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amoun |
|--|------|--------------|--|----------------|
| Activity/Event Name: | | | | |
| Legislative Day-American Cancer Society | TBA | Jackson | Capitol | -0- |
| Steps Toward Completion: | | | | |
| Receive date | | | | |
| Travel to Jackson with member on ACS | | | | Ì |
| Board | | | | |
| Meet our Legislators | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth_____Adult_____

2. Ethnic background of attendees? African Amer._____ Asian ____ Hispanic _____ Caucasian _____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

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| CYP Name & Director: JIMMY JOHNSON Activity was in: HA | RRISON County | Month FEBRUARY 2005 |
|--|------------------------|----------------------------|
| Please check only one: General Awareness <u>X</u> | Worksite Cessation Edu | ucation Presentation |
| Formal Community Presentation | Clean Indoor Air / Com | munity Policy Presentation |

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|-------------------------|-------------------------------------|--|-----------------|
| Activity/Event Name: | | | | |
| Valentine Activity | Monday February 14th | Harrison County Schools District | The schools | \$250.00 |
| Steps Toward Completion: | | | | |
| Select the school who want to participate | | | | |
| Provide event or contest | | ĺ | | |
| Have the student make valentines to tell | | | | |
| people they love to stop smoke and | | | | [|
| thank parents who do not smoke | | | | |
| 4. Judge/award | | | | 1 |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

- Number of people attending activity?
 Youth_____Adult _____
- 2. Ethnic background of attendees? African Amer. _____ Asjan ___ Hispanic _____ Caucasian ___ Nat. Amer. ____
- 3. New CYP general coalition members gained as a result of this activity?
- 4. Actual cost of the activity/event? _____
- 5. Successes and problems you encountered with this activity?

BOARD 0 T MINUTES SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

DN County Month <u>FEBRUARY 2005</u>

Please check only one; General Awareness X

Worksite Cessation Education Presentation

Formal Community Presentation _____ Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|------|--------------|--|--------------------------------------|
| Activity/Event Name: | | | | |
| MARDI GRASS PARADES/FRONTLINE ACTIVITY- FOR ELEMENTARY SCHOOLS | TBA | Long Beach | Community event/Schools | \$750.00 (This will be |
| ON DANGERS OF TOBACCO | | Gulfport | | materials/throws/an possible special |
| Steps Toward Completion: | | | | insurance) |
| Schedule for the date/time | | | | |
| 2. Plan the event with Team | | | | |
| Prepare for the event | | | | |
| Get the need supplies | | | | |
| Conduct the event | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

- 1. Number of people attending activity? Youth______Adult
- 2. Ethnic background of attendees? African Amer.____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer.____
- 3. New CYP general coalition members gained as a result of this activity?
- 4. Actual cost of the activity/event?
- 5. Successes and problems you encountered with this activity?

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

Please check only one: General Awareness <u>X</u>

Worksite Cessation Education Presentation

Month MARCH 2005

Formal Community Presentation _____ Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JJMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|---|--------------|--|-----------------|
| Activity/Event Name: | i | | | |
| CUB SCOUT DAY AT THE FARM | The second week end in March 2005 | Gulfport | Harrison County Sheriff's Department Farm | \$200.00 |
| Steps Toward Completion: Obtain the date/time Schedule the event Prepare materials/handouts. /give a ways Set up display/booth Conduct the event | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Youth_____Adult_____ 1. Number of people attending activity?

2. Ethnic background of attendees? African Amer. _____ Asian ___ Hispanic _____ Caucasian ___ Nat. Amer.

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? ______

5. Successes and problems you encountered with this activity?

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CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

SON County Month <u>MARCH 2005</u> Worksite Cessation Education Presentation

Please check only one: General Awareness \underline{X}

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|--------------------|--|-----------------|
| Activity/Event Name: | | | | |
| KITE CONTEST-FOR HEALTHY CHOICES | TBA | Biloxi or Gulfport | Boys and Girls Club Event | \$250.00 |
| Steps Toward Completion: | | | | |
| Select the date/time | | | | |
| 2. Contact clubs | | | | • |
| Plan type of event or activities | | | | |
| w/Frontline Teams Members | | | | |
| Obtain material/prizes | | | | |
| Have the contest or event | | | | |
| Judge/award prizes | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

i. Number of people attending activity? Youth_____ Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian_____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

Please check only one: General Awareness _____

Month MARCH 2005

Worksite Cessation Education Presentation

Formal Community Presentation X_____ Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/IIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| PHHC Director will give a presentation at the March of Dimes Mecting – start the "Walk America Campaign" off | TBA | Gulfport | | |
| Steps Toward Completion: 1. Obtain date/time 2. Give presentation | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Youth_____Adult _____ 1. Number of people attending activity?

2. Ethnic background of attendees? African Amer.____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer. ____

3. New CYP general coalition members gained as a result of this activity?

Actual cost of the activity/event? ______

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County Month APRIL 2005

Please check only one: General Awareness X

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Worksite Cessation Education Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|------|--------------|--|-----------------|
| Activity/Event Name: "KICK BUTI"- EVENT | | | | |
| | TBA | TBA | | |
| Steps Toward Completion: (Still planning what type of activity PHHC will conduct) | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth _____ Adult _____

2. Ethnie background of attendees? African Amer._____ Asian ___ Hispanic _ ____ Caucasian____ Nat. Amer.___

- 3. New CYP general coalition members gained as a result of this activity?
- 4. Actual cost of the activity/event? _____
- 5. Successes and problems you encountered with this activity?

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CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County Month APRIL 2005

Please check only one: General Awareness X

Formal Community Presentation

Worksite Cessation Education Presentation _____

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): _____CYP/JJMMY JOHNSON_

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church. etc.) | Budgeted Amount |
|---|------|--------------|--|-----------------|
| Activity/Event Name: SOME TYPE OF HIGH SCHOOL PROM ACTIVITY FOR EACH HIGH SCHOOL FRONTLINE TEAMS | TBA | ТВА | | |
| Steps Toward Completion: (WILL HAVE TO GET WITH EACH GROUP TO SEE WHAT THEY WOULD LIKE TO DO) | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Number of people attending activity?
 Youth_____Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County Month MAY 2005

Please check only one: General Awareness \underline{X}

Worksite Cessation Education Presentation

Formal Community Presentation _____ Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|------|--------------|--|-----------------|
| Activity/Event Name: Harrison County Family Health/Safety Day- with various organization and agencies taking part in the event | TBA | Gulfport | Usually held at a community park | \$250.00 |
| Steps Toward Completion: PHHC is on the planning committee Will schedule the date/time Prepare for the event Obtain need supplies/materials Set up the day of event/booth Give a away information and gifts | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Youth_____ Adult _____ 1. Number of people attending activity?

2. Ethnic background of attendees? African Amer. ____ Asian ___ Hispanic _____ Caucasian ___ Nat. Amer.

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

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CYP Name & Director: JIMMY JOHNSON _____ Activity was in: HARRISON County

Please check only one: General Awareness 🛛 🔀

Worksite Cessation Education Presentation

Formal Community Presentation _____ Clean Indoor Air / Community Policy Presentation _____

Month MAY 2005

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): ____CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|------|--------------|---|-----------------|
| Activity/Event Name: | | | | |
| Sheriff's Department/Gulfport Police Department DARE Day at the Farm | TBA | Gulfport | All of the school who have A dare program in them will be at this event some 300-400 kids | \$250.00 |
| Steps Toward Completion: | | | | |
| 1. Obtain the date/time | | | | |
| Prepare for the event | | | | |
| w/supplies/materials | | | | |
| Set for the event | | | | |
| Hand out information and give a ways | | 1 | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Youth_____ Adult _____ 1. Number of people attending activity?

2. Ethnic background of attendees? African Amer._____ Asian Hispanie ______ Caucasian____ Nat. Amer.___

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event? _____

5. Successes and problems you encountered with this activity?

BOARD MINUTES OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

| | Monthly Progress Report/Work Pla Awareness Activities | n |
|--|--|-------------------------------|
| CYP Name & Director: JIMMY JOHNSON | Activity was in: HARRISON County | Month <u>MAY 2005</u> |
| Please check only one: General Awareness X | Worksite Cessation | e Education Presentation |
| Formal Community Present: | ation Clean Indoor Air / | Community Policy Presentation |

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| (MOTHER DAY EVENT) | ТВА | TBA | The schools | |
| Steps Toward Completion: Select the event-may a card Select the school Prepare for the event w/supplies Conduct the event | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth _____ Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ____ Hispanic _ ____ Caucasian.____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

Monthly Progress Report/Work Plan Awareness Activities

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

Please check only one: General Awareness \underline{X}

Worksite Cessation Education Presentation _____

Month MAY 2005

Formal Community Presentation Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------|--------------|--|-----------------|
| Activity/Event Name: | | ĺ | | |
| 4 th Annual Senior Health. /Fitness Fair | TBA | Biloxi | The fair is always held at the Donal Snyder Community Center | \$250.00 |
| Steps Toward Completion: | | ţ | | |
| PHHC has always taken part in this event | | | | |
| Will obtain date/time | | | | |
| Prepare for the event | | | | |
| 4. Get need | | | | |
| materials/information/handouts/give a | | | | |
| ways | | | | |
| Set up booth/display | | | · · · · | |
| Conduct the event | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Youth _____ Adult _____ 1. Number of people attending activity?

3. Ethnic background of attendees? African Amer.____ Asian ___ Hispanic _ ____ Caucasian____ Nat. Amer.____

4. New CYP general coalition members gained as a result of this activity?

5. Actual cost of the activity/event?

6. Successes and problems you encountered with this activity?

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Monthly Progress Report/Work Plan Organizational/ Community Support-Awareness Activities

CYP Name & Director: JLMMY JOHNSON Activity was in: HARRISON County

Month JUNE 2004 - MAY 200

Please check only one: General Awareness <u>X</u>

Worksite Cessation Education Presentation

Formal Community Presentation _____ Clean Indoor Air / Community Policy Presentation _____

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|---|--------------|--|-----------------|
| Activity/Event Name: NOTE/ PHHC WILL BE PARTICIPATING IN THE MONTHLY MEN'S PRAYER BREAKFAST | HELD THE I ST THURSDAY OF EVERY MONTH | GULFPORT | A COMMUNITY EVENT | -0- |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

1. Number of people attending activity? Youth _____ Adult _____

3. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _ _____ Caucasian_____ Nat. Amer.____

4. New CYP general coalition members gained as a result of this activity?

5. Actual cost of the activity/event? _____

6. Successes and problems you encountered with this activity?

Monthly Progress Report/Work Plan **Awareness Activities**

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

Month JUNE 2004 -MAY 2005

Please check only one: General Awareness

Worksite Cessation Education Presentation

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|--|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| PHHC DIRECTOR IS A MEMBER OF THE BOARD OF DIRECTORS FOR THE BOYS AND GIRLS CLUBS OF THE GULF COAST | THE MEETING ARE HELD ON THE I ST TUESDAY OF THE MONTH | Biloxi | Boys and Girls Club Corp Board Director | -0- |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

Youth_____ Adult _____ 1. Number of people attending activity?

3. Ethnic background of attendees? African Amer.____ Asian ___ Hispanic _ ____ Caucasian ____ Nat. Amer.____

4. New CYP general coalition members gained as a result of this activity?

5. Actual cost of the activity/event?

6. Successes and problems you encountered with this activity?

BOARD **O**F MINUTES SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Monthly Progress Report/Work Plan Awareness Activities/Youth Prevention Program

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County

Please check only one: General Awareness \underline{X}

Worksite Cessation Education Presentation

Month JUNE 2004 - MAY 2005

Formal Community Presentation

Clean Indoor Air / Community Policy Presentation

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|---|------|--------------|--|-----------------|
| Activity/Event Name: | | | | |
| PHHC COMMUNITY SERVICE-ANTI- TOBACCO/ANTI-LITTER PROGRAM FOR YOUTH OFFENDERS SET TO | TBA | GULFPORT | AT THE PHHC OFFICE | |
| PHHC BY THE COURT FOR TOBACCO VIOLATION OR OTHER OFFENSES THE JUDGES SET. | | | · · | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:.

Youth_____Adult ____ 1. Number of people attending activity?

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian ___ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

BOARD MINUTES OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Activity was in: Harrison County

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director Month AUGUST 2004

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Program Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budge |
|--|--|-------------------------------------|--|-------|
| Activity/Event Name: PHHC will work with the Gulfport Job Corps in setting up a cessation program. PHHC will be the quest speaker at a Job | The time is being schedule for their up coming year | Gulfport-at the Job Corps Center | Mr. Kelly, the Drug Prevention Coordinator is scheduling the programs | -0- |
| Corps staff meeting | | | | |
| Steps Toward Completion: 1. Schedule the day/time 2. Prepare the materials 3. Present the program 4. Train personnel for program | | | | |
| Sign up participates | | | | |
| The following questions are to be comple | ted after program of | r activity | | |
| Number of people attending session | n? Session 1: | Session 2: Se | ssion 3: Session 4: Other | _ |
| 2. Number of people attending? | Youth | Adult | | |
| 3. Ethnic background of attendees? | African Amer | Asian Hispanic | Caucasian Nat. Amer | |
| 4. Number of people reporting havin | g quit tobacco use afte | er the last session? | Expected follow-up date: | |
| | | | | |
| Actual cost of the program? | | | | |
| Actual cost of the program? New CYP members gained as a re | sult of this program? | | _ | |

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CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director Activity was in: Harrison County

Month AUGUST 2004

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/ JIMMY JOHNSON</u>

| Program Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budget |
|--|--|-------------------------------------|--|--------|
| Activity/Event Name: PHHC will work with the Gulfport Job Corps in setting up a cessation program. PHHC will be the quest speaker at a Job Corps staff meeting | The time is being schedule for their up coming year | Gulfport-at the Job Corps Center | Mr. Kelly, the Drug Prevention Coordinator is scheduling the programs | -0- |
| Steps Toward Completion: | | | | |

The following questions are to be completed after program or activity

- 1. Number of people attending session? Session 1: _____ Session 2: _____ Session 3: _____ Session 4: Other _____
- 2. Number of people attending? Youth_____ Adult_____
- 3. Ethnic background of attendees? African Amer. ____ Asian ____ Hispanic ____ Caucasian ____ Nat. Amer. ___
- 4. Number of people reporting having quit tobacco use after the last session? _____ Expected follow-up date: ______
- 5. Actual cost of the program?
- 6. New CYP members gained as a result of this program? _____
- Successes and problems you encountered with this program? _____

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CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director Activity was in: Harrison County Month SEPTEMBER 2004

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Program Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budget |
|---|--|--|---|--------|
| Activity/Event Name: PHHC will work with Mississippi Power Company in setting up a cessation program. | The time is being schedule for their up coming year | Gulfport- Mississippi Power Training Center | Steve Ford, the Drug Prevention Coordinator is scheduling the programs | -0- |
| Steps Toward Completion: 1. Schedule the day/time 2. Prepare the material | | | | |
| Present the program | | | | |

The following questions are to be completed after program or activity

1. Number of people attending session? Session 1: ______ Session 2: ______ Session 3: ______ Session 4: Other _____

- 2. Number of people attending? Youth_____ Adult_____
- 3. Ethnic background of attendees? African Amer. ____ Asian ____ Hispanic ____ Caucasian ____ Nat. Amer. ___
- 4. Number of people reporting having quit tobacco use after the last session? _____ Expected follow-up date: _____
- 5. Actual cost of the program? _____

7. Successes and problems you encountered with this program?

CYP Name & Director: Partnership for a Healthy Harrison County Activity was in: Harrison County Month AUGUST 2004 Jimmy Johnson, Program Director

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/ JIMMY JOHNSON</u>

| Program Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budget |
|---|--|-----------------|--|--------|
| Activity/Event Name: PHHC will work with the Home Depot Stores with setting up classes | The time is being schedule for their up coming year | Biloxi-Gulfport | Prevention Coordinator is scheduling the programs | -0- |
| Steps Toward Completion: 1. Schedule the day/time 2. Request type of program 3. Prepare material 4. Present the Program | | | | |

The following questions are to be completed after program or activity

1. Number of people attending session? Session 1: _____ Session 2: _____ Session 3: _____ Session 4: Other _____

2. Number of people attending? Youth_____ Adult_____

3. Ethnic background of attendees? African Amer. ____ Asian ____ Hispanic ____ Caucasian ____ Nat. Amer. ____

4. Number of people reporting having quit tobacco use after the last session? _____ Expected follow-up date: ______

5. Actual cost of the program? _____

6. New CYP members gained as a result of this program?

7. Successes and problems you encountered with this program?

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

CYP Name & Director: Partnership for a Healthy Harrison County Activity was in: Harrison County Jimmy Johnson, Program Director

Month SEPTEMBER 2004

Name of person(s) responsible for completing the activity/event (Ex. C/YP, nurse, team sponsor, volunteer, etc.): CYP/JIMMY JOHNSON

| Program Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budget |
|--|--|----------------|--|--------|
| Activity/Event Name: PHHC will work with Dupont Plant in meeting with their employees on Second Hand Smoke in the work place Steps Toward Completion: 1. Schedule the day/ume 2. Request type of program 3. Prepare the materials 4. Present the program | The time is being schedule for their up coming year | Pass Christian | Drug Prevention Coordinator is scheduling the programs | -0- |
| | | | | |

The following questions are to be completed after program or activity

| 1. | Number of people attending session? | Session 1: | Session 2: | Session 3: | Session 4: Other |
|----|-------------------------------------|------------|------------|------------|------------------|
| | | | | | |

2. Number of people attending? Youth_____ Adult_____

3. Ethnic background of attendees? African Amer. ____ Asian ____ Hispanic ____ Caucasian ____ Nat. Amer. ___

4. Number of people reporting having quit tobacco use after the last session? ______ Expected follow-up date: ______

5. Actual cost of the program?

6. New CYP members gained as a result of this program?

7. Successes and problems you encountered with this program?

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Monthly Progress Report/Work Plan Clean Indoor Air Policy Activities

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month (s) AUGUST 2004

| Please complete one form for each policy : | activity. Identify where policy | , public buildings, or restaurants). |
|--|---------------------------------|--------------------------------------|
| | | |

| Program Name | When | Where | Person Responsible | Budget |
|---|------|----------|--------------------------|--------|
| Activity/Event Name: | | | | |
| Will once again Present our Harrison County Tobacco | TBA | Gulfport | Harrison County Board of | -0- |
| ordinance | | | Supervisors | |
| Steps Toward Completion: 1. The ordinance was given to the Board 2. Will must easily with Board Attorney. | | | | |
| Will meet again with Board Attorney Will Meet with the Board | | - | | |
| 4. Will resubmitted | | (| | |
| | | | | |

The following questions are to be completed after policy activity.

- 1. Was there a policy change? _____ If yes, describe the new policy. ._____
- 2. New CYP members gained as a result of this activity? _____
- Actual cost of these activities? ______
- 4. Successes and problems you encountered with these activities?

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Monthly Progress Report/Work Plan Clean Indoor Air Policy Activities

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month (s) AUGUST 2004

Please complete one form for each policy activity. Identify where policy changes were directed (i.e. schools, public buildings, or restaurants).

| Program Name | When | Where | Person Responsible | Budget |
|---|--------|----------|----------------------------|----------|
| Activity/Event Name, Will work with the Harrison County Restaurant | ТВА | Gulfport | Harrison County Restaurant | \$500.00 |
| Association on promoting clean air- will work on rewards for the Restaurants Smoke Free | ; ; | | Association | |
| Steps Toward completion: | { | | | |
| 1. Schedule the meeting | | | | |
| Present the material and facts Visit Restaurants | | | | |
| 4. Present the awards | | ! | | |

The following questions are to be completed after policy activity.

- 1. Was there a policy change? ______ If yes, describe the new policy. ______
- 2. New CYP members gained as a result of this activity?
- Actual cost of these activities? ______
- 4. Successes and problems you encountered with these activities?

Monthly Progress Report/Work Plan Prevention Activities/Programmatic

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month (s) <u>AUGUST 2004 – MAY 2005</u>

| Please complete one form for each prevention activity. | Identify where prevention activities were | directed (i.e. schools or communities). |
|--|---|---|
| | | |

| Program Name | When | Where | Person Responsible | Budget |
|---|----------|----------------------------|---|------------|
| Activity/Event Name: | | | | |
| W.A.T.C.H | TBA | Harrison County | Jimmy D. Johnson, Director / Tobacco School Nurses | \$3,000.00 |
| Steps Toward Completion: | | Pass Road Elementary | | |
| Cal) Schools Nurses – Schedule Event Order Supplies/Materials Present program | | Three Rivers Elementary | | |
| | • | Saucier Elementary | | |
| | <u> </u> | Lizana Elementary | | |

The following questions are to be completed after prevention/programmatic activity. You may use the back of the form for additional reporting.

2 . L.

| 1 | Number of people attending | a each activity? | Adult | Youth | |
|---|----------------------------|------------------|-------|-------|--|
| | | | | | |
| | | | | | |

2. Ethnic background of attendees? African American Asian Hispanic Caucasian Nat. Amer.

3. New CYP members gained as a result of these activities? ______ 4. Actual cost of each activity? ______

5. Successes and problems you encountered with these activities?_____

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Monthly Progress Report/Work Plan Communication Activity

Month: SEPTEMBER 2004

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Please complete one form for each cessation activity

| Program Name | When | Where | Person Responsible | Budget |
|--|------|----------------------------------|-------------------------|--------|
| Activity/Event Name: | | | | - |
| Formal Community Presentation: | TBA | Gulfport Air-Port Holiday Inn | The program Chairperson | -0- |
| Will the quest speaker at the Gulfport/Orange Grove Rotary Club | | | | |
| Steps Toward Completion: 1. Call to schedule the day/time | | | | |
| Prepare the material for talk Present the program | | 1 | | |
| , g | | l f | | |

The following questions are to be completed after activity

1. Number of people attending? Youth_____ Adult_____

2. Ethnic background of attendees? African American_____ Asian _____ Hispanic _____ Caucasian _____ Nat. Amer. ____

Actual cost of the program? ______

4. New CYP members gained as a result of this program? _____

5. Successes and problems you encountered with this program?_____

Monthly Progress ...cport/Work Plan Communication Activity

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Month: OCTOBER 2004

Please complete one form for each cessation activity

| Program Name | When | Where | Person Responsible | Budget |
|--|------|--------------------|-------------------------|--------|
| Activity/Event Name: | | | | |
| Formal Community Presentation: | TBA | Biloxi- Resort Inn | The program Chairperson | -0- |
| Will the quest speaker at the Edgewater Rotary Club | | | | |
| Steps Toward Completion: | | | | |
| Call to schedule the day/time | | | | |
| Prepare the material for talk | | | | |
| Present the program | | | | |
| | | | | |
| | | | | |

The following questions are to be completed after activity

| 1. | Number of people attending? | Youth | Adult |
|----|-----------------------------|-------|-------|
| | | | |

2. Ethnic background of attendees? African American_____ Asian _____ Hispanic _____ Caucasian _____ Nat. Amer. ____

Actual cost of the program? ______

4. New CYP members gained as a result of this program? _____

5. Successes and problems you encountered with this program?

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Monthly Progress keport/Work Plan Communication Activity

Month: SEPTEMBER 2004

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Please complete one form for each cessation activity

| Program Name Activity/Event Name: | When | Where | Person Responsible | Budget |
|--|------|--------------------------------------|-------------------------|--------|
| Formal Community Presentation: | TBA | Gulfport- Beach Front Holiday Inn | The program Chairperson | -0- |
| Will the quest speaker at the Gulfport Exchange Club | | | | |
| Steps Toward Completion: 7. Call to schedule the day/time | | | | |
| Prepare the material for talk Present the program | | | | |
| | | | | |

The following questions are to be completed after activity

| 1. | Number of people attending? | Youth | Adult | | | |
|----|---------------------------------|------------------------|-------|-----------|-------------|------------|
| 2. | Ethnic background of attendees? | African American | Asian | _Hispanic | _ Caucasian | Nat. Amer. |
| 3. | Actual cost of the program? | | | | | |
| 4. | New CYP members gained as a re | esult of this program? | | -~ | | |

5. Successes and problems you encountered with this program?_____

Monthly Progress Report/Work Plan Communication Activity

Month: NOVEMBER 2004

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

Please complete one form for each cessation activity

| Program Name | When | Where | Person Responsible | Budget |
|---|------|--|-------------------------|--------|
| Formal Community Presentation: Will the quest speaker at the long Beach Rotary | TBA | Long Beach-Meet at Outlook Restaurant | The program Chairperson | -0- |
| Thub iteps Toward Completion: 10. Call to schedule the day/time 11. Prepare the material for talk 12. Present the program | | | | |

The following questions are to be completed after activity

Monthly Progress Report/Work Plan **Communication Activity**

Month: AUGUST 2004

CYP Name & Director: Partnership for a Healthy Harrison County Jimmy Johnson, Program Director

| Program Name | When | Where | Person Responsible | Budget |
|--|------|--------------------------------------|-------------------------|--------|
| Activity/Event Name: | | | | |
| Formal Community Presentation: | TBA | Gulfport- beach Front Holiday Inn | The program Chairperson | -0- |
| Will the quest speaker at the Gulfport Kiwanis Club | | | | |
| Steps Toward Completion: 13. Call to schedule the day/time 14. Prepare the material for talk | | | 5 | |
| 15. Present the program | | | | |

The following questions are to be completed after activity

| ١. | Number of people attending? | Youth | Adult | | | |
|----|---------------------------------|------------------|-------|----------|------------|------------|
| 2. | Ethnic background of attendees? | African American | Asian | Hispanic | _Caucasian | Nat. Amer. |
| 3. | Actual cost of the program? | | | | | |

New CYP members gained as a result of this program? 4.

5. Successes and problems you encountered with this program? i

Monthly Progress Report/Work Plan Sponsored Activity

CYP Name & Director: JIMMY JOHNSON Activity was in: HARRISON County Partnership for a Healthy Harrison County

Month: JUNE 2004 - MAY 2005

Name of person(s) responsible for completing the activity/event

(Ex. C/YP, nurse, team sponsor, volunteer, etc.): <u>CYP/JIMMY JOHNSON</u>

| Activity/Event Name | When | Name of Town | Physical location of event (ex. Park, School, Office, Church, etc.) | Budgeted Amount |
|--|------------------------------|---|--|-----------------|
| PHM 2 Hour Summer Event for RAT/SWAT presentation for PHHC Summer Camps | June 23, 2004 (Tentative) | Gulf p ort or D'Iberville | Community Center or School | 0 |
| R.A.T. Toupe and S.W.A.T. on the Road to be scheduled during school year | August 2004 - May 2005 | Harrison County | Various Schools and After School programs | 0 |
| Frontline Officer Training | September 2004 | Hattiesburg, MS | TBA | \$200.00 |
| Fall contest | November 2004 | ТВА | TBA | 0 |
| Lobbypalooza | February 2005 | ТВА | TBA | 0 |
| ***For a total of 6 sponsored events | | | | |

Please complete one form for each activity held this month.

The following questions are to be completed after activity/event when possible:

I. Number of people attending activity? Youth _____ Adult _____

2. Ethnic background of attendees? African Amer._____ Asian ___ Hispanic _____ Caucasian____ Nat. Amer.____

3. New CYP general coalition members gained as a result of this activity?

4. Actual cost of the activity/event?

5. Successes and problems you encountered with this activity?

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ATTACHMENT F

Please list the requested information for every staff person paid through grant monies from the Partnership for a Healthy Mississippi.

| Name of Employee | Position Held | Highest Degree Earned | Years of Experience |
|------------------|---------------|--------------------------|------------------------|
| | | | |
| | | | |

The Partnership for a Healthy Mississippi

By: _____ Date _____

The Partnership for a Healthy Harrison County

By: Date ______ Harrison County Board of Supervisors

JOB DESCRIPTION

PARTNERSHIP FOR A HEALTILY HARRISON COUNTY

NAME: Jimmy Dale Johnson

SOCIAL SECURITY NUMBER: 426-82-8908

TYPE OF EMPLOYEE: FULL TIME: XX OR PART TIME:

NUMBER OF HOURS WORK: 40 HOURS XX OR 20 HOURS (MONDAY THROUGH FRIDAY OR SPECIAL ASSIGNMENTS)

POSITION: Director

The Director for Partnership for a Healthy Harrison County, known as PHHC, has the duties and responsibilities for the day to day operations of PHHC. He/She shall be in charge of the Educational, Programmatic, Awareness, Cessation, Prevention and Public Relation matter concerning PHUC.

The Director should have at least a B. S. Degree. He/She should require the knowledge and skills in Administration, Organization, Communication, Budget and Finance.

The Director for PHHC will maintain a full time office and will be accessible to the staff of Partnership for Healthy Mississippi.

The Director will be accountable to the policies and recommendations set by the Board of Directors for Partnership for Healthy Harrison County.

The Director is Partnership's for a Healthy Mississippi liaison between the Community, Business, Professional, Civic Club, Organizations, Schools, Churches, and other Faith Base groups.

James D. "Jimmy" Johnson

Experience

1968-1998

Harrison County Sheriff's Department

1968-1972 Volunteer in Auxiliary under Sheriff Luther Patton

1972-1974 Deputy Sheriff, Patrol Division under Sheriff Leroy Hobbs

1974-1977 Officer in Charge of Community Relations Division under Sheriff Leroy Hobbs

1977-1980 Juvenile Officer under Sheriff Leroy Hobbs

1980-1983 Criminal Investigator, appointed Assistant Chief Investigator by Chief Investigator Ed Little under Sheriff Leroy Hobbs

1983-1984 Appointed Chief Investigator under acting Sheriff Farley Rhodes

1984-1989 Criminal Investigator under sheriff Larkin Smith

1989 Appointed Chief Investigator again under acting Sheriff Farley Rhodes

1989-1998 Chief Investigator, Criminal Investigations Division, under Sheriff Joe Price

1998- Retired from the Harrison County Sheriff's Department to run for the Office of Sheriff

1999-Present-I have been the Director of Partnership for a Healthy Harrison County, which is a Grant from the Partnership for a Healthy Mississippi, for making our Youth and Adults aware of the dangers of Tobacco Usage and Products through Educational, Awareness, Prevention, and Cessation program and events in and through out Harrison County.

| | 1967-1968 | YMCA | |
|-----------|--|---|---|
| | Youth and Program Director for school and summer youth camps | the Mobile YMCA—conducting after | |
| | 1971-1973 | Fernwood Baptist Church | _ |
| | Baptist Church and there I served conducted their Youth activitie | Gulfport, I began attending Frenwood as their Interim Youth Director. There s, assisted in Youth Sunday School ong with various types of Youth | • |
| Education | 1959-1963 | Gulfport High School | |
| | Received High School Diploma Marching Band | and was a member of the GHS | |
| | 1963-1965 | Mississippi College | |
| | Attended classes before trans Community College Perkinston C | ferring to Mississippi Gulf Coast ampus | |
| | 1965-1967 Mississippi | Gulf Coast Community College | |
| | Attended classed, was a membe basketball team manager, and Stu | r of Blue and Gold Marching Band, dent Body President in 1965-1966 | • |
| | 1967-1972 | Mobile College | |
| | Received Bachelor of Science D and Recreation in May of 1972 | egree in Physical Education, Health, | |
| | | University of Virginia | |
| | 1984 | | |
| | While attending the Federal Academy in Quantico, Virg | Bureau Investigation National inia I received 12 credit hours | - |

on a Master Degree from the University of Virginia.

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

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| | University of Southern Mississippi |
|--------------|---|
| | I have completed some Master Credit courses at University of Southern Mississippi/Gulf Park Campus |
| Professional | Member of the Mississippi Fire Investigators Association and the International Association of Arson Investigators |
| | Member of the Mississippi Chapter of the FBI National Training Academy Associates as well the National Chapter |
| | Member of the Harrison County Sheriff's Association |
| | Member of the Mississippi Law Enforcement Officers Association |
| Community | Member of the Gulfport Exchange Club |
| - | Member of the Orange Grove Rotary Club |
| | Member of the Corporate Board of Directors for the Gulf Coast Boys and Girls Club |
| | Member of the SALT Council for the safety and concern of the Senior Citizens in our county |
| | Member of American Cancer Society-Relay for Life-Committee |
| | Master mason of Southern Star Lodge #500- Long Beach |
| | Shiner- Joppa Temple- Gulfport |
| | Member of the Neptune Carnival Association in Biloxi |
| Church | Member of First Baptist Church of Long Beach |
| | Serves as; Deacon |
| | Serves as, Deaton |
| | Member of the Student Ministry Committee |
| | |

| | YEARS OF EXPERIENCE WORKING WITH YOUTH |
|-----------|--|
| | |
| 1962-1964 | Worked as Assistance Scout Master for Troop 202, First Baptist Church, Gulfport, Ms |
| 1967-1970 | While student at Mobile College, Mobile, Ala., I worked for the Mobile YMCA as Youth and Program Director for after school programs called GRA-Y and conducted/directed three (3) Summer Camp Programs for kids 6 through 13 |
| 1971-1973 | Youth Leader and assistant Pastor at Frenwood Baptist Church in Gulfport, Ms |
| 1972 | Employed by Harrison County Sheriff's Department |
| 1974-1977 | Established a Community Relations Division for Sheriff's Department from a (LEA Grant)as a rank of Captain; while serving in this department, I developed the program known as "Officer Friendly" and assisted the Gulfport Jr. Ladies Auxiliary in their "Patch the Pony" program, which was designed to teach children (K – 2 nd grade) safety and danger stranger. The "Officer Friendly" program which was modeled after a Child Safety Program in Los Angeles, Ca. introduced the elementary children 1 st through 3 rd grade to the Police Officer. This program |
| | taught the students and their teachers the simple rules of safety, to stay from strangers and instructed them on school bus, home, and general safety. The programs also introduced the Officer to the children and reminded them that he/she was their Friends and they could always call on the Police Officer for help. |
| | During this time, the Community awareness and safety program (later called Neighborhood Watch) was introduced to the community and the citizens. Also various lectures were conducted in the area Schools on Drugs, Alcohol, Gun Safety, and Constitutional Law (Students Rights), Driver Education/Safety and other related Safety Courses. The Department organized a Bicycle Safety Program and Rodeo for the Pine Burr Area Council Boy Scouts. Other awareness and community safety programs were presented to the various Churches, Social and Fraternal Organizations, Civic and Service Clubs, and Business through the County. |
| | |

The responsibility of this Division was to provide programs, events, speeches, and educational materials for the safety of the community during presentations at fairs, festivals and community sponsored events.

1977-1980 In 1977 this Division was disbanded due to budget cuts and I was promoted to Juvenile Investigator. My main duties were working with the Harrison County Department of Human Services and Harrison County Family Court. Assisting in cases involving abuse, neglect and runaways and investigating criminal crimes committed by the youth. While serving as Juvenile Officer, I still maintain my responsibilities I previous conducted as the Community Relatious Officer with the Schools, Churches, and the Community.

1980

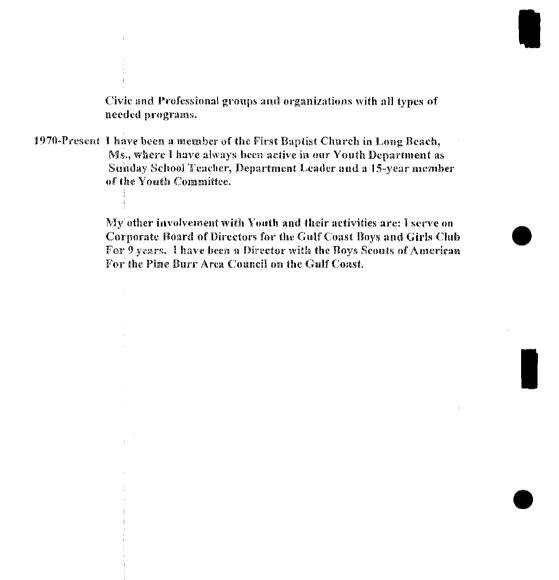
A new Chief Investigator was appointed and the all Investigators were Assigned to work all cases and the Juvenile Officer was moved into the regular rations of Investigators. But even in this new position I still had the responsibilities and duties as the Community Relations Officer. During this time "Child Find", which is an Identification Program, I introduce to the county and other Law Enforcement Agencies on the Coast. This program was designed to fingerprint the children for identification purpose if they are lost, kidnapped, or involved in a fatal accident.

NOTE/ During this time 1981-1982 I served as Little League Baseball Commissioner for recruiting in the Long Beach Dixie Youth Baseball League and as Football coach for the Quarles Eagles Pee Wec Football Team.

January 1984, Sheriff Larkin I Smith resigned me to the Criminal Investigation Division were my new position was acting as the liaison Officer between the Harrison County Family Court and the Harrison County School Systems and still maintaining my responsibilities and Duties as the Community Relations Officer. While in this position I Instructed Teachers and Community Volunteers in the "Too Good for Drugs" program sponsored by the Mississippi Coast Crime Commission and also taught the program myself in the schools.

1989

Sheriff Joe Price appointed me as Chief Investigator for the Sheriff's Department and as a member of the Sheriff's Staff my duties and responsibilities remained as they did why I was the only Community Relations Office in the County by working with Schools, Churches,



JOB DESCRIPTION

PARTNERSHIP FOR A HEALTHY HARRISON COUNTY

NAME: Bobbie T. Jackson

SOCIAL SECURITY NUMBER: 428-56-1662

TYPE OF EMPLOYEE: FULL TIME: ___ OR PART TIME: XX

NUMBER OF HOURS WORK: 40 HOURS _____ OR 20 HOURS _XX___ (MONDAY THROUGH FRIDAY OR SPECIAL ASSIGNMENTS)

POSITION: Program Coordinator

The Program Coordinator will be a part of the Partnership for a Healthy Harrison County known as PHHC, staff. He/She shall be under the direction of the Director of PIIHC. He/She shall be in charge of the promotion, training, and carrying out the Educational, Programmatic, Awareness, Cessation, and Prevention programs promoted by PHHC and Partnership for a Healthy Mississippi.

Program Coordinator will be have the duties and responsibilities of working with and maintaining the records of all Faith Base Grantee of PHHC awarded from Partnership for a Healthy Mississippi.

The Program Coordinator should have at least a B. S. Degree. He/She should require the knowledge and skills in Planning, Instructing, Organizing, and able to enact with people.

The Program Coordinator shall be accessible to the Director of PIIIIC and the staff of Partnership for Healthy Mississippi.

The Program Coordinator will be accountable to the policies and recommendations set by the Board of Directors for Partnership for Healthy Harrison County in connection with the Director.

The Program Coordinator will act as a liaison for PHHC between the Community, Business, Professional, Civic Club, Organizations, Schools, Churches, and other Faith Base groups he or she may be working with. He/She will also be required to maintain all of the proper records and forms needed for PHS and PHAM.

| | Bobbie T. Jackson 1711-62nd Ave. Gulfport, MS 39501 USA Home 228-864-6405 E-Mail nmiller63@aol.com |
|-------------------------|---|
| | |
| OBJECTIVE | To obtain a challenging and rewarding job as a facilitator of an educational curriculum that will educate students on the dangers of using tobacco. Also to help cutlivate good decision making through interactive teaching. |
| EDUCATION | |
| 1972 | , Jackson State University Jackson, Mississippi MA |
| 1980 | University of Southern Mississippi Hattiesburg, Mississippi AA |
| EMPLOYMENT | |
| 1960 to 1963 | Columbia High School, Columbia, MS <u>Social Studies Teacher</u> |
| 1963 to 1965 | Biloxi Public Schools, Biloxi, Mississippi <mark>Sixth Grade Teacher</mark> |
| 1965 to 197 6 | Biloxi Public Schools, Biloxi, Mississippi Remedial Reading Teacher |
| 1976 to 1990 | Biloxi Public Schools, Biloxi, Mississippi Chapter I Reading Coordinator |
| 1990 to 1995 | Gorenflo Elementary School, Biloxi, Mississippi Elementary Principal |
| | Community Involvement 1993 Graduate of Leadership Gulf Coast |
| | Unit Board Chairperson of the Forrest Heights Boys & Girls Club |
| | City of Gulfport S.A.L.T. Council Member |
| | Program Committee Member of the Retired Teachers Association |
| | |
| | |

Education Committee Member with the Gulfport Chamber of Commerce

Special Projects Director & Member of Faith Missionary Baptist Church

REFERENCES

Available Upon Request

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George H. Payne, Jr.

Sheriff

HARRISON COUNTY SHERIFF'S DEPARTMENT

Post Office Box 1480 Gulfport, Mississippi 39502

May 6, 2004

Partnership for a Healthy Mississippi 350 W. Woodrow Wilson Drive Suite 499 Jackson, MS 39213

To Whom It May Concern:

I have known Jimmy Johnson both personally and professionally for a number of years and know her to be of good moral, legal and professional character. Mr. Johnson is a resident of flarrison County and is considered to be a model citizen and has a reputation of honesty and integrity.

I can say Jimmy Johnson holds no criminal/record. Sincefely, Govrge H. Payne, Jr. Sheriff

GHP/ds

Ce: file

Office: (228) 865-7092

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM



George H. Payne, gr.

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HARRISON COUNTY SHERIFF'S DEPARTMENT

Post Office Box 1480 Gulfport, Mississippi 39502

May 6, 2004

Partnership for a Healthy Mississippi 350 W. Woodrow Wilson Drive Suite 499 Jackson, MS 39213

To Whom It May Concern:

I have known Bobbie Jackson both personally and professionally for a number of years and know her to be of good moral, legal and professional character. Ms. Jackson is a resident of Marrison County and is considered to be a model citizen and has a reputation of honesty and integrity.

I can say Bobbie Jackson holds no criminal record.

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GHP/ds

Cc: file

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ATTACHMENT G

RECIPIENT warrants to PHM that:

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- 1. The personnel listed on this contract are not employed on an additional grant or contract or;
- 2. RECEIPIENT is making full disclosure of all other grants or contracts that personnel is assigned to during the term of this contract and is providing PHM with a copy of those grants or contracts.

RECIPIENT further agrees to make full disclosure of any changes on personnel assignments during the entire term of the agreement.

The Partnership for a Healthy Mississippi

By: _____ Date _____

The Partnership for a Healthy Harrison County

By:

Date ______ Date _____ Date ______ Date _____ Date ______ Date _____ Date ____

Supervisor WILLIAM M. MARTIN seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|---------------|
| Supervisor LARRY BENEFIELD voted | (OUT ON VOTE) |
| Supervisor MARLIN LADNER voted | AYĘ |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

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The Motion having received the affirmative vote from the majority of the Supervisors present, the President then declared the motion carried and the Order adopted.

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THIS, the 24th day of May 2004.

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(SUPERVISOR LARRY BENEFIELD OUT ON VOTE)

Supervisor CONNIE M. ROCKCO moved adoption of the following:

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ORDER ACKNOWLEDGING RECEIPT OF ONE 2004 VT34 PUMPER MOUNTED ON FREIGHTLINER M2, VIN: 1FVACYCSX4HN21150, S0#128257 IN THE AMOUNT OF \$133,183.00 FOR NORTH WOOLMARKET DISTRICT 1 FIRE STATION, HIGHWAY 15 AND AUTHORIZE INVENTORY CLERK TO ADD TO INVENTORY

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY ACKNOWLEDGE receipt of one 2004 VT34 Pumper mounted on Freightliner M2, VIN: 1FVACYCSX4HN21150, SO#128257 in the amount of \$133,183.00 for North Woolmarket District 1 Fire station, Highway 15; and the Board does HEREBY AUTHORIZE the inventory clerk to add same to the County inventory.

Supervisor **MARLIN R. LADNER** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|---------------|
| Supervisor LARRY BENEFIELD voted | (OUT ON VOTE) |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the

Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* *

(SUPERVISOR LARRY BENEFIELD OUT ON VOTE)

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER ADJUDICATING APPLICATION FOR MISSISSIPPI BEAVER CONTROL ASSISTANCE PROGRAM IN THE AMOUNT OF \$3,000.00 AND AUTHORIZING BOARD PRESIDENT TO EXECUTE DOCUMENTS AND PAYMENT OF SAME

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY ADJUDICATE application for Mississippi Beaver Control Assistance Program

in the amount of \$3,000.00 and authorizing Board President to execute documents and

payment of same.

APPLICATION FORM

BEAVER CONTROL ASSISTANCE PROGRAM FY05 (JULY 1, 2004 - JUNE 30, 2005)

county: <u>HARRISON</u> <u>County</u> county contact: <u>Pamela</u> J. <u>Which</u> title: <u>County</u> <u>Administrator</u> address: <u>P.O. Praver CC</u> city, state, zup: <u>Gulfport</u> <u>MS 39502</u> phone numbers: <u>228-865-416</u> FAX NUMBER: <u>228-865-4167</u> EMAIL: <u>pulniche. co. harrison</u>, <u>MS-US</u>

★ THIS COUNTY WANTS TO PARTICIPATE IN FY05

YES) NO

PLEASE DO NOT MAIL FEE CHECK UNTIL YOU HAVE RECEIVED A NOTIFICATION LETTER AS TO WHETHER OR NOT YOUR COUNTY HAS BEEN ACCEPTED IN BCAP FY05

✓ PLEASE RETURN THIS FORM BY MAX 28, 2004. TO:

BEAVER CONTROL ASSISTANCE PROGRAM ATTENTION: MANDY FABICK USDA WILDLIFE SERVICES P.O. BOX 316 STONEVILLE, MS 38776 PHONE: (662) 686-3157 FAX: (662) 686-3197

IF ACCEPTED INTO BCAP FOR FY05 YOUR COUNTY PARTICIPATION FEE OF \$3000 SHOULD BE SENT TO THE ADDRESS ABOVE TO BE RECEIVED NO LATER THAN JUNE 18, 2004

MISSISSIPPI BEAVER CONTROL ASSISTANCE PROGRAM POLICIES AND PROCEDURES FY2005

INTRODUCTION

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The Mississippi Beaver Control Assistance Program (BCAP) began operation in February 1990. Since that time, interest and participation have grown. To ensure that program administration and operations are clear, the BCAP Advisory Committee has compiled and approved the following BCAP policies and procedures.

HISTORY OF BEAVER CONTROL IN MISSISSIPPI

Prior to 1850, beavers were found in almost every watershed in the southcastern United States, including Mississippi, and these animals served as a source of income and food for early settlers. Eventually, heavy trapping and hunting, combined with clearing of woodlands for farming, led to near extinction of beaver in Mississippi by the early 1900's.

During the 1930's, at the direction of the legislature, the Mississippi Game and Fish Commission began restoration of beaver from several remnant populations across the State. At the time, beaver populations were very low. Pelts were in demand and were bringing high prices, land was cheap, and there was virtually no market for timber. Beaver restoration was undertaken to restore a valuable (at that time) native furbcarer and a potential source of income for economically depressed farmers. The agency's efforts were successful and were supported by the legislature and by landowners.

Conditions and circumstances over the next few decades changed the way the public and wildlife professionals viewed beaver. An improved economy, movement of people from small farms to towns, and drastic decline in beaver pelt prices resulted in a decrease in trapping which contributed to rapid expansion of beaver populations. At the same time, the timber industry was growing in economic importance. As beaver numbers and damage increased, more landowners saw beaver as a pest instead of an asset.

In 1981, the Mississippi Department of Wildlife Conservation identified primary types of beaver-caused damage in Mississippi as: flooding caused by water impounded by beaver dams, timber girdling by feeding beavers, pond and lake levee damage from beaver tunneling; blocked drainage outlets and inundated access roads from dams and impoundments. At that time, annual loss in initial timber production was estimated at \$2.4 million. Total annual loss to the State was estimated at \$19 million.

To decrease these tremendous losses, numerous beaver control methods were suggested and many were tried, including poisons, chemosterilants, habitat alterations, predators, hunting, and trapping. Trapping consistently was the most practical and effective control technique.

Preferably, beaver control would be affected through sport and commercial trapping by licensed trappers at no cost to the state or to landowners. In an attempt to use that source of manpower, the State wildlife agency even referred inquiring landowners seeking relief from beaver damage to available and willing trappers. However, economic returns did not encourage trapping to the extent required for practical beaver control. Time and effort required to properly process a beaver hide and low prices paid for pelts have made beaver trapping generally

unattractive to trappers. Efforts to create a better market for southern beaver pelts have been unsuccessful. Unfortunately, at this time, "fair market" method of beaver control has proved incapable of meeting the tremendous need to reduce beaver damage in Mississippi.

A statewide bounty system was tried for years, but was unsuccessful for several reasons. State wildlife officials felt that the \$5 bounty was too low to stimulate the take needed to reach and maintain a level of sustained harvest. Funds needed to effectively increase the bounty were unavailable and potential for fraud was high. Although the state abandoned payment for proof-ofkill, several counties continue to offer beaver bounties in an effort to control beaver damage.

CREATION OF BCAP

Responding to constituent complaints and requests, the 1989 legislature created the Mississippi Beaver Control Advisory Board. That board, composed of administrative heads of the Department of Wildlife, Fisheries and Parks (Chairman), Forestry Commission, Department of Transportation, Department of Agriculture and Commerce, and Mississippi State University Extension Service, was mandated to develop a program to control or eradicate beavers on private and state-owned lands. Additionally, the advisory committee was charged with adopting rules and regulations concerning its meetings; identifying and prioritizing areas of greatest need for beaver control; recommending appropriate landowners fees; and advising the Commission on Wildlife, Fisheries and Parks on implementation of a beaver control program.

Utilizing expertise of Wildlife Services(WS) personnel from the U.S. Department of Agriculture, considering past history of control efforts in Mississippi and drawing on experience of other states, the Advisory Board developed the Beaver Control Assistance Program (BCAP). The program was structured to be flexible, fair, and feasible. Because of practical and ecological considerations, the program was designed to control beaver damage and to provide some relief to beaver-affected landowners, rather than to eradicate beaver populations statewide. Key to the program was active participation of counties and landowners.

The primary focus of BCAP is beaver trapping on properties of requesting landowners in participating counties. Supplemental activities, such as educational efforts, concentrated watershed trapping, and opportunity for landowner trapping are also part of the program.

BCAP ADMINISTRATION

Actual administrative authority for the program rests with the Commission on Wildlife, Fisheries and Parks. Enabling legislation allows the Commission to transfer program administration, upon agreement, to an appropriate federal agency. The Wildlife Services program of U.S.D.A. administers BCAP according to the plan developed by the Beaver Control Advisory Board and approved by the Commission on Wildlife, Fisheries and Parks.

COUNTY OUESTIONS

Questions concerning county participation or program operation should be directed to either the Game Division of the Department of Wildlife, Fisheries and Parks in Jackson or to the USDA Wildlife Services State Director at Mississippi State. Landowners should make requests for assistance to the appropriate WS office listed at the end of this document.

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BCAP YEAR

BCAP is administered on the fiscal year of the State of Mississippi. A year of BCAP participation begins July 1 and runs through June 30 of the following year. Participation must be renewed annually by returning appropriate forms and remitting the county participation fee.

COUNTY CONTACT

BCAP information is sent to the Board of Supervisors, County Clerk, or County Administrator in each county, unless a county has requested that some other official serve as the BCAP contact in that county. Contact lists are updated annually from county participation forms.

FUNDING

Funding for the program comes from state, federal, county, and private sources, making BCAP a truly cooperative effort. All checks for county fees should be made payable to USDA Wildlife Services and addressed to the attention of the Beaver Control Assistance Program. Federal funding goes directly into the WS budget.

STATE FUNDS

State general fund appropriations are made to the budgets of two agencies-Mississippi Department of Agriculture and Commerce (MDAC) and Mississippi Department of Transportation (MDOT). MDOT funds are transferred to the Department of Agriculture and Commerce for BCAP use, but State highways and bridges do receive special consideration under BCAP priorities.

COUNTY FEES

Participating counties also contribute an annual fee, the amount of which is set by the Mississisppi Legislature. County contributions are due according to the schedule set by the Beaver Control Advisory Board. The Board annually notifies all 82 counties of participation requirements and fees.

FEDERAL FUNDS

Some federal funding is directed to the WS budget specifically for beaver control work in Mississippi. These funds are used to match (in varying ratios) other available state, county, and private beaver control moneys, a requirement of the enabling legislation.

LANDOWNER FEES

Landowners requesting assistance on their properties are required to pay a landowner fee for this service as of July 1, 1990. Fees are set by the Commission on Wildlife, Fisheries and Parks, with advice of the Beaver Control Advisory Board. Before trapping begins, a WS Specialist meets with the landowner to determine extent of the beaver damage problem and to make initial recommendations as to what action is needed. If beaver control is recommended, the Specialist estimates time and cost of the control effort, and has the landowner sign the estimate before trapping begins. If revisions of the original estimates are required, the Specialist explains what changes are necessary and receives written permission from the landowner before

proceeding with beaver control.

Landowners are charged on a per hour basis. The initial consultation between Specialist and landowner is free of charge. After the initial consultation, fees are charged for each visit where actual beaver control work is done, as determined by the WS Supervisor.

Fees are collected by the specialist after work is completed or the landowner may be billed. Landowner fees are remitted directly to Wildlife Services and are forwarded monthly to MDAC. Landowners with delinquent BCAP fees are ineligible for additional assistance.

Fees are charged based on the following schedule:

- (1) A free estimate of the project cost will be provided during the initial consultation.
- (2) Beaver control work will be conducted with a \$40.00 minium fee for all projects worked and a \$15.00 per hour fee for projects greater than 4 hours.
- (3) When beaver dams are removed with explosives, a minium of \$40.00 per dam or actual cost will be charged, based on the cost of materials.

The large majority of beaver damage problems suffered by small landowners can usually be solved within ten visits. Landowners may reduce their fees by assisting with the trapping operation. BCAP offers a landowner opportunity to control beaver problems at no cost if they are willing to take responsibility for trapping after the initial consultation and instruction by a WS Specialist.

LANDOWNER GUARANTEE

Unless stated otherwise on the landowner agreement form, beaver control results are guaranteed for 30 days following completion of a project. If a completed site has a recurring problem evidenced by rebuilt dams in the case of flooding, or new signs of beaver activity or damage in cases where dams and flooding were not the primary cause of damage, WS will rework the problem area without an additional fee. To benefit from this guarantee, the landowner must notify WS no later than 30 days after receiving notice that the project has been completed. The landowner fee must have been collected.

PERSONNEL AND REPORTS

SPECIALISTS

Personnel are hired and work directly for WS. Specialists are full-time and/or temporary part-time federal employees. Number of Specialists is limited by the BCAP budget. Every effort will be made to keep the number of counties served per Specialist as low as possible. Specialist work year-round as weather and conditions permits.

SUPERVISORS

Specialists are supervised by WS supervisors. As needed, WS Supervisors meet with Board of Supervisors and other cooperators in participating counties. WS Supervisors also assign Specialist to beaver control requests, maintain records, and assist in trapping and dam removal with explosives.

RECORDS KEPT

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Specialists record number of beavers caught, number of dams blown, and other statistics. All record keeping is coordinated by the WS Supervisor and is reported to the Beaver Control Advisory Board and the Department of Wildlife, Fisheries and Parks on an annual basis. This report is available prior to January 1 each year.

IMPLEMENTATION

TRAPPING AND DAM REMOVAL

Trapping is the primary tool used to remove beaver from county or private property. Professional WS Specialists use recommended trapping techniques and equipment to insure adequate and efficient beaver removal. Beaver dams are removed by certified personnel using explosives and/or mechanical means. Explosives are handled in accordance with WS regulations and procedures. In all cases, landowners and county officials are informed of anticipated work and expected results. All methods are approved by signed agreement from the landowner.

TARGET SPECIES

Beavers are the target species of BCAP. Nutria and muskrat will not be specifically targeted, but, if caught incidentally to trapping beaver, will not be released. Trapping techniques are designed through selective sets to minimize number of non-target species caught, specifically otters.

CARCASS DISPOSAL

Beaver carcasses are disposed of on-site.

COUNTY PARTICIPATION

County participation is required before any beaver control assistance is done to benefit county roads. To participate in BCAP, a county must respond by established deadlines as directed by the BCAP Advisory Board and must pay the county participation fee.

WAITING LIST

The number of counties that can participate in BCAP is determined annually by the Advisory Board. Number of counties is based on funding available and level of service that funding will provide. Currently participating counties are given priority in the annual application process. New counties which wish to participate are placed on a waiting list. If a currently participating county chooses not to rejoin the program or does not respond by the deadlines set, the next county on the waiting list has opportunity to participate. Also, some new counties may be added to the program if money is available to provide adequate service to additional counties. A county's participation will extend only to the end of the state fiscal year, regardless of when the county was accepted into the program, or when the county fee was paid. Full payment of the county participation fee is required.

TRAPPING TIME PER COUNTY

Currently (FY2004), counties can expect to receive about one-sixth of a staff-year of beaver control effort. Specialists work in counties on a rotational basis. For example, a Specialist works only a certain number of days or weeks in one county and then moves to one of their other counties, even though the Specialist may still have requests for assistance in the first county. After they have worked in all three counties, he/she returns to the original county. All counties receive some assistance and no single county commands all of a Specialist's time. Due to the large number of requests, Specialists are currently getting to landowners about 30 days or more after they receive the request for assistance.

EXTRA TRAPPING FOR A COUNTY

Additional trapping beyond that secured by participation in BCAP is available to counties on an actual cost basis through WS. Contact the WS State Director for details.

ASSISTANCE PRIORITIES

As a general rule, requests for assistance will be handled on a first-come, first-serve basis. Due to budget and time considerations, no participating county can be guaranteed that all trapping requests from a county will be met. If funds are limited, efforts are directed toward those areas with the most beaver damage and complaints, as estimated and documented by WS Supervisors.

TRAPPING PRIORITIES

County requests for assistance are given first priority when integrity of a county or state road or highway is threatened by the effects of beaver activity. Landowners in cooperating counties which agree to pay the participation fee are eligible to receive trapping assistance. Counties outside the BCAP program are charged a higher fee and when time permits, a Specialist will evaluate the problem.

In general, the following suggested priorities are observed for responding to requests for assistance:

- (1) County-maintained infrastructure in participating counties.
- (2) State highways, roads, and bridges in participating counties
- (3) Individual landowners in participating counties
- (4) Industrial/corporate landowners and landowner associations in participating counties
- (5) 16^{th} section lands in participating counties
- (6) State parks in participating counties
- (7) State highways and 16th section land in non-participating counties
- (8) National Resource Conservation Service watershed lakes and properties in participating counties
- (9) Other lands

REQUESTS FOR ASSISTANCE

COUNTY AND STATE

Requests for help on county property should be made to the appropriate WS Supervisor. Requests for assistance on state highways should be made through the Department of Transportation.

LANDOWNERS

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Landowners requesting assistance should call WS themselves to speed the process and assure a response. WS Supervisors need certain information about the beaver problem which only the landowner is able to provide.

TRAPPING OPTIONS

All requests receive a response. Responses vary according to current workloads and/or backlog of request. For example, ordinarily a specialist might spend several days on one landowner's property. However, if money is tight and the workload is heavy, the supervisor has the option of limiting the specialist's time or offering other options, such as trapping instruction and equipment loan.

TRAPPING SCHEDULE

Requests are handled on a first-come, first-served basis as documented by the WS Supervisor contacted. However, logistics or travel cost considerations may require that some requests be worked out of order. In special cases, priority areas may be established using the county beaver damage data gathered by the BCAP Advisory Board and/or expert opinion of WS personnel.

LANDOWNER ASSISTANCE

The landowner is visited by a Specialist or Supervisor to determine extent of the beaver damage problem and to discuss possible action concerning the problem. An individual determination of each control situation and need for assistance is made in the field by the WS specialist and/or supervisor. Based on that determination, assistance is provided as detailed below.

TRAPPING

(1) Trapping on the area is done by the assigned WS Specialist, or (2) the landowner may assist with trapping after receiving trapping instruction by the WS Specialist. This assistance might include checking traps every 36 hours and/or setting traps. Regular supervision and follow-up can be provided by the WS Specialist. Equipment is provided on loan to the landowner. Time limits for equipment loans are determined by the Supervisor, based on workload and equipment needs.

DAM REMOVAL

As needed, beaver dams are removed by the specialist or a certified explosives technician according to the landowner agreement.

NO ASSISTANCE

Depending on habitat, individual circumstances and professional judgement of the Specialist and/or Supervisor, a recommendation can be made that no control efforts are initiated.

SUPPLEMENTAL EFFORTS

Technical assistance will be provided in conjunction with more operational trapping programs to make landowners fully aware of what can and cannot be done to reduce beaver activity/damage and to encourage their involvement in determining best available strategies for dealing with beaver activity and damage on their properties. Specialists will teach interested landowners how to trap so that they can control future beaver activity after their initial contact with BCAP. Additionally, supervisors and specialist will work with counties and municipal governments so that public officials will also better understand and use beaver biology and habits to help solve their beaver problems.

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CONTACTS

Counties east of 1-55 should report beaver problems to: Harris Glass USDA-Wildlife Services P.O. Drawer FW Mississippi State, MS 39762 PHONE: (662) 325-3014

Counties west of I-55 should report beaver problems to: Bo Sloan USDA-Wildlife Services P.O. Box 316 Stoneville, MS 38776 PHONE: (662) 686-3157

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|---------------|
| Supervisor LARRY BENEFIELD voted | (OUT ON VOTE) |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

*

Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER REQUESTING BOARD MEMBERS TO SEEK A CANDIDATE TO REPRESENT HARRISON COUNTY FOR THE TITLE OF PRINCESS AT THE ANNUAL MISSISSIPPI DEEP SEA FISHING RODEO

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY REQUEST Board members to seek a candidate to represent Harrison County for the title of Princess at the Annual Mississippi Deep Sea Fishing Rodeo.

Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* * *

Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER ADJUDICATING OVERTIME FOR OUTSIDE BUILDING & CROUNDS DEPARTMENT AS PER LIST ON FILE WITH CLERK OF THE BOARD

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY ADJUDICATE overtime for Outside Building & Grounds Department as per

list on file with Clerk of the Board.

Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

*

THIS, the 24th day of May 2004.

* *

Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER APPROVING LEASE PAYMENT OF TEN ACRES OF SIXTEENTH SECTION LAND IN THE PASS CHRISTIAN SCHOOL DISTRICT FOR RECREATIONAL PURPOSES ON VIDALIA ROAD IN THE AMOUNT OF \$4,700.00 PAYABLE FROM 001-520-530

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE lease payment of ten acres of Sixteenth Section land in the Pass Christian School District for recreational purposes on Vidalia Road in the amount of \$4,700.00 payable from 001-520-530.

Supervisor LARRY BENEFIELD seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* * *

Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER APPROVING CAPITAL EXPENSE PURCHASE OF THREE COMPUTERS FROM T&T DATA SERVICES AT A COST OF \$1,558.00 EACH, AND LINE ITEM TRANSFER FROM 096-153-501 TO 096-153-919 TO COVER EXPENSE

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE capital expense purchase of three computers from T&T Data Services at a cost of \$1,558.00 each; and the Board does HEREBY APPROVE line item transfer from 096-153-501 to 096-153-919 to cover expense. The quotes received are as follows:

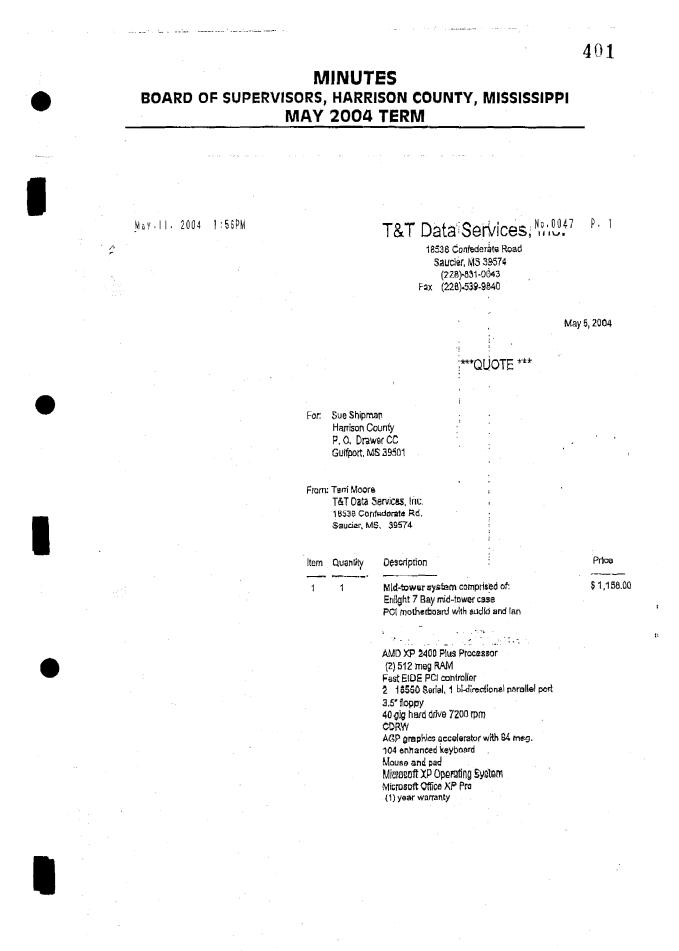
HARRISON COUNTY DATA PROCESSING 1801 23RD AVENUE, GULFPORT, MS 39502 TELEPHONE: 228-865-4250

| TO: | Pam Ulrich, County Administrator |
|-------|----------------------------------|
| DATE: | May 10, 2004 |
| FROM: | Susan Shipman, DP Coordinator |
| Re : | PC Request |

I am respectfully requesting permission to order three PC's for Tax Assessor. Mr Flurry has requested 3 pc's with flat screens for his personal property people out of the mapping budget, they currently have green screens. He also would like to purchase one extra flat screen for his office. We have funds available that we can transfer from 096-153-501 to 096-153-919 to cover cost of purchase. The pc's will cost \$1158 each, with the flat screen monitors being purchased separately from Sam's Club at \$399. each.

Thank you,

n Shipman



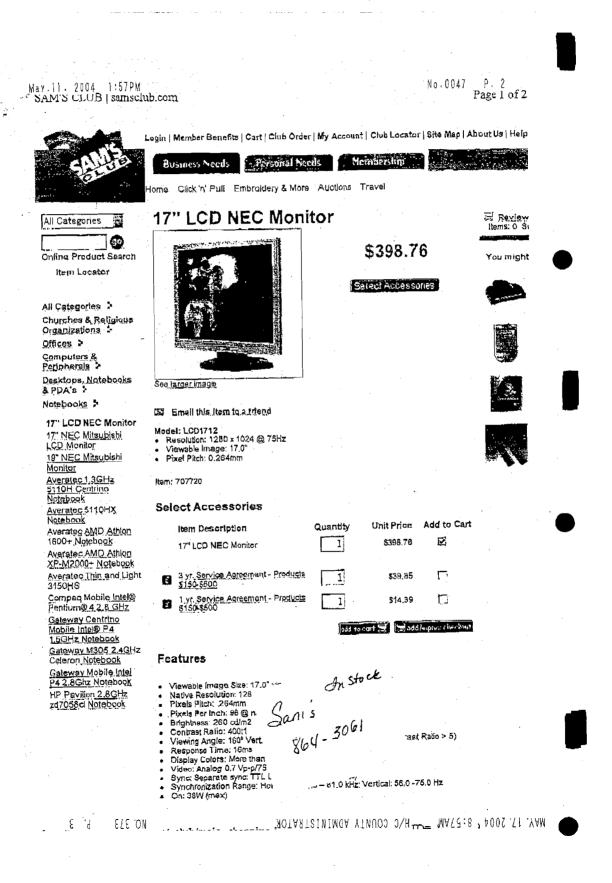
NO. 373 P. 2

HVC COUNTY ADMINISTRATOR

MATE:8 4005 .TT .YAM

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM



PREMISE, inc.

Quotation

"BUSINESS SOLUTIONS FOR TOMORROW"

Harrison County 1801 23rd Avenue Gulfport, MS

Attn: Sue Shipman Phone: 228-865-4250 Fax: Premise, Inc. 4902 Creekside Drive, Suite D Clearwater, FL 33760 Greg Karpinsky 727-540-0311 727.572.8068 05/18/2004

Qty. **Item Number** Description **Unit Price** Total **Desktop** Options 843398U IBM ThinkCenter A Series -A50p \$899.00 1 \$899.00 Intel Pentium 4 Processor 2.8GHz with Hyper Threading 800Mhz Front Side Bus, 512 KB L2 CPU Cache, 1,024MB 333Mhz DDR SDRAM, 40GB HD ATA-100 (Enhanced IDE), 48x Variable Speed CD-RW 48X/32X/48X, 1.44MB 3.5" Floppy Drive, 101 Key KB, Optical Wheel Mouse, Integrated Intel Extreme Graphics 2, Intel Integrated Pro 10/100 Ethernet, Sound Max Integrated Audio, Tower 4 X 5, 6/2 USB Ports, Microsoft Windows XP Professional One Year Parts and Labor **Popular Options** Microsoft Office XP Professional (With System Purchase) \$379.00 1 \$329.00 PC + office 1228.0

PREMISE, inc.

"BUSINESS SOLUTIONS FOR TOMORROW"

Harrison County 1801 23rd Avenue Gulfport, MS

Attn: Sue Shipman Phone: 228-865-4250 Premise, Inc. 4902 Creekside Drive, Suite D Clearwater, FL 33760 Greg Karpinsky 727-540-0311 727.572.8068

Quotation

 1
 NEC Multisync
 17" NEC LCD Multisync 1280X1024
 \$469.00
 \$469.00

Supervisor **CONNIE M. ROCKCO** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the

Supervisors present, the President then declared the motion carried and the Order adopted. THIS, the 24th day of May 2004.

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Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER APPROVING A LEASE PURCHASE AGREEMENT WITH HANCOCK BANK AT A RATE OF 3.40% FOR THE AMOUNT OF \$3,886.73 PER MONTH FOR 44 MONTHS FOR THE PURCHASE OF 19 COPIERS AND 5 FAX MACHINES FROM LANIER WORLDWIDE, INC., AND AUTHORIZING THE BOARD PRESIDENT TO EXECUTE SAME

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY APPROVE a Lease Purchase agreement with Hancock Bank at a rate of 3.40% for the amount of \$3,886.73 per month for 44 months for the purchase of 19 copiers and 5 fax machines from Lanier Worldwide, Inc.; and the Board does HEREBY AUTHORIZE the

Board President to execute the lease purchase agreement, which is as follows:

Municipal Lease and Option Agreement

Lessor: HANCOCK BANK P.O. BOX 4019 GULFPORT, MS 39502

Lessee: BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI P.O. DRAWER CC GULFPORT, MISSISSIPPI 39502

This MUNICIPAL LEASE AND OPTION AGREEMENT (the "Agreement") entered into between Hancock Bank, a corporation duly organized and existing under the laws of the State of Mississippi (the "Lessor"), and the BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI (Lessee), a body, corporate and politic, duly organized and existing under the laws of the State of Mississippi ("State").

WITNESSETH

WHEREAS, Lessor desires to lease the Equipment, as hereinafter defined, to Lessee, and Lessee desires to lease the Equipment from Lessor, subject to the terms and conditions of, and for the purposes set forth in, this Agreement; and

WHEREAS, Lessee is authorized under the Constitution and laws of the State to enter into this Agreement for the purposes set forth herein:

NOW, THEREFORE, for and in consideration of the premises hereinafter contained, the parties hereby agree as follows:

ARTICLEI

Covenants of Lessee represents, covenants and warrants, for the benefit of Lessor and its assignees, as follows:

- (a) Lessee is a public body, corporate and politic, duly organized and existing under the Constitution and laws of the State.
- (b) Lessee will do or cause to be done all things necessary to preserve and keep in full force and effect its existence as a body corporate and politic.
- (c) Lessee is authorized under the Constitution and laws of the state to enter into this Agreement and

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the transaction contemplated hereby, and to perform all of its obligations hereunder.

(d) Lessee has been duly authorized to execute and deliver this Agreement under the terms and provisions of the resolution of its governing body, attached hereto as Exhibit "A", or by other appropriate official approval, and further represents, covenants and warrants that all requirements have been met, and procedures have occurred in order to ensure the enforceability of this Agreement, and Lessee has complied with such public bidding requirements as may be applicable to this Agreement and the acquisition by Lessee of the Equipment hereunder. Lessee shall cause to be executed an opinion of its counsel substantially in the form attached hereto as Exhibit "B".

(e) During the term of this Agreement, the Equipment will be used by Lessee only for the purpose of performing one or more governmental or proprietary functions of Lessee consistent with the permissible scope of Lessee's authority and will not be used in a trade or business of any person or entity other than the Lessee.

- (f) During the period this Agreement is in force, Lessee will provide Lessor with current financial statements, budgets, proof of appropriation for the ensuing fiscal year and such other financial information relating to the ability of Lessee to continue this Agreement as may be reasonably requested by Lessor or its assignce.
- (g) The Equipment will have a useful life in the hands of the Lessee that is substantially in excess of the Original Term and all Renewal Terms.
- (h) The Equipment is, and shall remain during the period this Agreement is in force, personal property and when subject to use by Lessee under this Agreement, will not be or become fixtures.

ARTICLE II

Definitions: The following terms will have the meanings indicated below unless the context clearly requires otherwise:

"Agreement" - means this Municipal Lease and Option Agreement, including the Exhibits attached hereto, as the same may be supplemented or amended from time to time in accordance with the terms hereof.

"Commencement Date" - is the date when the term of this Agreement begins and Lessee's obligation to pay rent accrues, which date shall be the date on which the Equipment is accepted by Lessee as indicated on the Certificate of Acceptance attached hereto as Exhibit "F".

"Equipment" - means the property described in Exhibit "D" and which is the subject of this Agreement.

"Lease Term" - means the Original Term and all Renewal Terms provided for in this Agreement under Section 4.01, but in no event longer than the number of months set forth in Exhibit "E" of the Agreement.

"Lessee" - means the entity which is described in the first paragraph of this Agreement and which is leasing the Equipment from Lessor under the provisions of this Agreement.

"Lessor" - means (i) Hancock Bank, a corporation, acting as Lessor hereunder; (ii) Any surviving, resulting or transferee corporation; and (iii) Except where the context requires otherwise, any assignee(s)

of Lessor.

"Original Term" - means that period from the Commencement Date until the end of the fiscal year of Lessee in effect at the Commencement Date.

"Purchase Price" - means the amount which Lessee may, in its discretion, pay to Lessor in order to purchase the Equipment, as set forth in Exhibit "E" hereto.

"Renewal Term(s)" - means the automatic renewal terms of this Agreement as provided for in Article IV of this Agreement, each having a duration of one (1) year and a term co-extensive with the Lessee's fiscal year except the last of such automatic renewal terms which shall end on the anniversary of the Commencement Date therein.

"Rental Payments" - means the basic rental payments payable by Lessee pursuant to the provisions of this Agreement during the Lease Term, payable in consideration of the right of Lessee to use the Equipment during the then current portion of the Lease Term. Rental Payments shall be payable by Lessee to the Lessor or its assignee in the amounts and at the times during the Lease Term as set forth in Exhibit "E" of this Agreement.

"Vendor" - means the manufacturer of the Equipment as well as the agents or dealers of the manufacturer from whom Lessor purchased or is purchasing the Equipment.

ARTICLE III

Lease of Equipment. Lessor hereby demises, leases and lets to Lessee, the Lessee rents, leases and hires from Lessor, the Equipment, in accordance with the provisions of this Agreement, to have and to hold for the Lease Term.

ARTICLE IV

LEASE TERM

Section 4.01 Commencement of Lease Term

The original Term of this Agreement shall commence on the Commencement Date as indicated in Exhibit "F" and shall terminate the last day of Lessee's current fiscal year.

The Lease Term will be automatically renewed at the end of the Original Term or any Renewal Term for an additional one (1) year, unless the Lessee gives written notice to Lessor not less than sixty (60) days prior to the end of the Original Term or Renewal Term then in effect, or such greater notice as may be provided in Article VI, of Lessee's intention to terminate this Agreement at the end of the Original Term or the then current Renewal Term pursuant to Article XI or Article VI, as the case may be.

Section 4.02 Termination of Lease Term.

The Lease Term will terminate upon the earliest of any of the following events:

(a) The expiration of the Original Term or any Renewal Term of this Agreement and the non-renewal of this Agreement in the event of non appropriation of funds pursuant to

Section 6.06;

(b) The exercise by Lessee of the option to purchase the Equipment granted under the provisions of Articles IX or XI of this Agreement;

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- (c) A default by Lessee and Lessor's election to terminate this Agreement under Article XIII; or
- (d) The payment by Lessee of all Rental Payments authorized or required to be paid by Lessee hereunder.

ARTICLE V

Enjoyment of Equipment. Lessor hereby covenants to provide Lessee during the Lease Term with quiet use and enjoyment of the Equipment, and Lessee shall during the Lease Term peaceably and quietly have and hold and enjoy the Equipment, without suit, trouble or hindrance from Lessor, except as expressly set forth in this Agreement.

Lessor shall have the right at all reasonable times during business hours to enter into and upon the property of Lessee for the purpose of inspecting the Equipment.

ARTICLE VI

Rental Payments

Section 6.01 Rental Payments to Constitute a Current Expenses of Lessee.

Lessor and Lessee understand and intend that the obligation of Lessee to pay Rental Payments hereunder shall constitute a current expense of Lessee and shall not in any way be construed to be a debt of Lessee in contravention of any applicable constitutional or statutory limitations or requirements concerning the creation of indebtedness by Lessee, nor shall anything contained herein constitute a pledge of the general tax revenues, funds or monies of Lessee.

Section 6.02 Payment of Rental Payments.

Lessee shall pay Rental Payments, exclusively from legally available funds, in lawful money of the United States of America to Lessor, or in the event of assignment by Lessor, to its assignee, in the amounts and on the dates set forth in Exhibit "E" hereto. Rental Payments shall be in consideration for Lessee's use of the Equipment during the applicable year in which such payments are due.

Section 6.03 Interest and Principal Component,

A portion of each Lease Rental Payment is paid as, and represents payment of, interest, and the balance of each Rental Payment is paid as, and represents payment of, principal. Exhibit "E" hereto sets forth the interest component and the principal component of each Rental Payment during the Lease Term.

Section 6.04 Rental Payments to be Unconditional.

The obligations of Lessee to make payment of the Rental Payments required under this Article VI and other sections hereof, and to perform and observe the covenants and agreements contained herein, shall be absolute and unconditional in all events, except as expressly provided under this Agreement. Notwithstanding any dispute between Lessee and Lessor, and Vendor or any other person, Lessee shall make all payments of Rental Payments when due and shall not withhold any Rental Payments pending final resolution of such dispute, nor shall Lessee assert any right of setoff or counterclaim against its obligation to make such payments required under this Agreement. Lessee's obligation to make Rental Payments during the Original Term or the then current Renewal Term shall not be abated through accident or unforeseen circumstances.

Section 6.05 Continuation of Lease Term by Lessee.

Lessee intends, subject to the provisions of Section 6.06 to continue the Lease Term through the Original Term and all of the Renewal Terms and to pay the Rental Payments hereunder. Lessee reasonably believes that legally available funds of an amount sufficient to make all Rental Payments during the Original Term and each of the Renewal Terms can be obtained. Lessee further intends to do all things lawfully within its power to obtain and maintain funds from which the Rental Payments may be made, including making provision for such payments to the extent necessary in each bi-annual or annual budget submitted and adopted in accordance with applicable provisions of state law, to have such portion of the budget approved.

Section 6.06 Non-appropriation.

In the event sufficient funds shall not be appropriated for the payment of the Rental Payments required to be paid in the next occurring Renewal Term, and if Lessee has no funds legally available for Rental Payments from other sources, then Lessee may terminate this Agreement at the end of the then current Original Term or Renewal Term, and Lessee shall not be obligated to make payment of the Rental Payments provided for in this Agreement beyond the then current original or Renewal Term. Lessee agrees to deliver notice to Lessor of such termination at Least sixty (60) days prior to the end of the then current Original or Renewal Term. If this Agreement is terminated under this Section 6.06, Lessee agrees, at Lessee's cost and expense, peaceably to deliver the Equipment to Lessor at the location specified by Lessor. To the extent lawful, Lessee shall not, until the date on which the next occurring Renewal Term would have ended, expend any funds for the purchase or use of Equipment similar to the Equipment subject to this Agreement.

ARTICLE VII

TITLE TO EQUIPMENT; SECURITY INTEREST

Section 7.01 Title To The Equipment

During the Term of this Agreement, title to the Equipment any and all additions, repairs, replacements or modifications shall vest in Lessee, subject to the rights of Lessor under this Agreement. In the event of default as set forth in Section 13.02 or nonappropriation as set forth in Section 6.06, Title to the Equipment shall immediately vest in Lessor, and Lessee will reasonably surrender possession of the Equipment to Lessor. Lessee, irrevocably, hereby designates, makes, constitutes and appoints Lessor (and all persons designated by Lessor) as Lessee's true and lawful attorney (and agent-in-fact) with power, at such time of default or nonappropriation or times thereafter as Lessor in its sole and absolute discretion may determine, in Lessee's or Lessor's name, to endorse the name of Lessee upon any Bill of Sale, document, instrument, invoice, freight bill, bill of lading or similar document relating to the

Equipment in order to vest title in Lessor and transfer possession to Lessor.

Section 7.02 Security Interest.

To secure the payment of all Lessee's obligations under this Agreement, Lessee grants to Lessor a security interest constituting a first lien on the Equipment and on all additions, attachments, accessions and substitutions thereto, and on any proceeds therefrom. Lessee agrees to execute such additional documents, including financing statements, certificates of title, affidavits, notices and similar instruments, in form satisfactory to Lessor, which Lessor deems necessary or appropriate to establish and maintain its security interest, and upon assignment, the security of any assignee of Lessor, in the Equipment.

ARTICLE VIII

Maintenance; modification taxes, exemption from federal taxation, insurance and other charges.

Section 8.01 Maintenance of Equipment by Lessee.

Lessee agrees that at all times during the Lease Term, Lessee will, at Lessee's own cost and expense, maintain, preserve and keep the Equipment in good repair, working order and condition, and that Lessee will from time to time make or cause to be made all necessary and proper repairs, replacements and renewals. Lessor shall have no responsibility in any of these matters or for the making of improvements or additions to the Equipment. The Lessee may from time to time add further parts or accessories to any item of leased Equipment, provided such addition does not affect or impair the value or utility of such item of Equipment. Any part or accessory to added, if not required as a replacement hereunder, shall remain the property of the Lessee and may be removed at any time prior to the expiration of the lease term of such item, provided such removal does not affect or impair the value or utility of such item of Equipment. Any parts or accessories not so removed shall become the property of the Lesser.

Section 8.02 Taxes, Other Governmental Charges and Utility Charges.

The parties to this Agreement contemplate that the Equipment will be used for a governmental or proprietary purpose of Lessee and, therefore, that the Equipment will be exempt from all taxes presently assessed and levied with respect to personal property. In the event that the use, possession or acquisition of the Equipment is found to be subject to taxation in any form (except for income taxes of Lessor), Lessee will pay during the Lease Term, as the same respectively come due, all taxes and governmental charges of any kind whatsoever that may at any time be lawfully assessed or levied against or with respect to the Equipment and any Equipment or other property acquired by Lessee in substitution for, as a renewal or replacement of, or modification, improvement or addition to the Equipment, as well as all gas, water, steam, electricity, heat, power, telephone, utility and all other charges incurred in the operation, maintenance, use, occupancy and upkeep of the Equipment; provided that, with respect to any governmental charges that may lawfully be paid in installments over a period of years, Lessee shall be obligated to pay only such installments as have accrued during the time this Agreement is in effect.

The Lessor has entered into this Agreement contemplating that the interest portion of rental payments will be exempt from federal income taxation. In the event any governmental taxing authority successfully imposes tax treatment, under this Agreement or any other lease of the Lessor which in the opinion of Lessor's counsel will be determinative of the tax treatment under this Agreement, which differs from the

tax treatment contemplated to be taken by the Lessor hereto at the inception of this Agreement or which effectively denies to the Lessor the use or benefit of such tax treatment as contemplated, then Lessee agrees to pay rents with an interest factor equal to the maximum rate of interest which, under applicable law, Lessor is permitted to charge, retroactively from the date of imposition of the change of tax treatment through the term of each Equipment Lease Schedule under this Agreement during which the change of tax theory is imposed, and subsequently thereto, as rental payments would otherwise become due, until the end of the lease term. Any retroactive payments of rent under this paragraph shall be due and payable at the date that Lessor gives notice to Lessee of imposition of the change of tax-treatment.

Lessee agrees to pay its pro-rata share of attorney's fees that may reasonably be incurred by Lessor in the event legal action or administrative action is taken by the Lessor to secure the tax treatment intended to be taken by Lessor under this Agreement or any other lease which in the opinion of Lessor's counsel will be determinative of the tax treatment under this Agreement whether such action is successful or not. Lessee's pro-rata share shall be determined by the percentage that the Lessor's original cost of leased equipment for all other similar leases of the Lessor involving similar issues of fact or law. In the event the Lessor is successful in securing the tax treatment intended to be taken by Lessor, Lessor shall refund to Lessee the total amount of increased interest (as hereinabove provided) which has been paid by Lessee and rental payments for the remainder of the lease term shall be the original rentals specified in the Equipment Lease Schedules.

Section 8.03 Provisions Regarding Insurance.

At its own expense, Lessee shall cause casualty, public liability and property damage insurance to be carried and maintained sufficient to protect the Full Insurable Value (as that term is hereinafter defined) of the Equipment, and to protect Lessor from liability in all events. All insurance proceeds from casualty losses shall be payable as hereinafter provided in this Agreement. Lessee shall furnish to Lessor Certificates evidencing such coverage throughout the Lease Term. Such Certificates shall name the Lessor as an additional insured or loss payee, as Lessor's interests may appear.

Alternatively, Lessee may insure the Equipment under a blanket insurance policy or policies which cover not only the Equipment, but other properties.

The term "Full Insurable Value" as used herein shall mean the full replacement value of the Equipment or the then applicable Purchase Price, whichever is greater.

Any insurance policy pursuant to this Section 8.03 shall be written with Hancock Bank as an additional insured or loss payee, as its interests may appear. The Net Proceeds (as defined in Section 9.01) of the insurance required in this Section 8.03 shall be applied as provided in Article IX hereof. Each insurance policy provided for in this Section 8.03 shall contain a provision to the effect that the insurance company shall not cancel the policy or modify it materially and adversely to the interest of Lessor without first giving written notice thereof to Lessor at least ten (10) days in advance of such cancellation.

The Lessee will at all times carry liability insurance from a third party insurer, such coverage being for the joint benefit of the Lessee and Lessor and with the Lessor named as an additional insured.

Under this Agreement, the Lessee is required to maintain property damage insurance from a third party insurer, against loss, theft, damage or destruction from every cause whatsoever for not less than the Full Insurable Value of the Equipment. Alternately, with regard to property damage insurance, and subject to the terms of this Agreement, including the preceding paragraphs of this Section 8.03, the Lessee may optionally elect to self insure through a self insurance program ("Self-Insurance"), against loss, theft, damage or destruction from every cause whatsoever for not less than the Full Insurable Value of the

Equipment. Such Self-Insurance shall be in the joint names of the Lessor and Lessee, with the Lessor and Lessee named as loss payees. With regard to any Self-Insurance, which is alternatively elected, chosen, initiated and maintained by the Lessee, in order to meet the requirements of this Agreement, the Lessee does hereby declare and name the Lessor as a joint and additional insured and loss payee with regard to Self-Insurance which, Lessee alternately chooses to implement and maintain in order to meet it's responsibilities under this Agreement. With regard to any Self-Insurance elected, in substitution for third party insurance as required by the Agreement, the Lessee agrees that it will at all times maintain sufficient monetary and other necessary resources, under its Self-Insurance election, to enable the Lessee to meet all of its obligations under this Agreement. The Lessee, and the Lessee's Governing Body, agree and declare that they individually and collectively have the necessary experience and sophistication in matters pertaining to any and all risks and responsibilities taken and assumed with the alternative election and choice of Self-Insurance. The Lessee, and the Lessee's Governing Body, individually and collectively understand, that there will be no abatement or reduction of responsibilities under this Agreement (including making rental payments) by Lessee for any reason, including but not limited to, the election of Self-Insurance, loss, theft, damage or destruction from any cause whatsoever.

Section 8.04 Advances.

In the event Lessee shall fail to maintain the full insurance coverage required by this Agreement or shall fail to keep the Equipment in good repair and operating condition, Lessor may (but shall be under no obligation to) purchase the required policies of insurance and pay the premiums on the same or may make such repairs or replacements which are necessary and provide for payment thereof; and all amounts so advance therefore by Lessor shall become additional rent for the then current Original Term or Renewal Term which amounts Lessee agrees to pay, together with interest thereon at the rate of twelve (12%) per cent per annum or the highest rate permitted by applicable law, whichever is less.

ARTICLE IX

DAMAGES, DESTRUCTION AND CONDEMNATION: USE OF NET PROCEEDS

Section 9.01 Damages, Destruction and Condemnation.

Unless Lessee shall have exercised its option to purchase the Equipment by making payment of the Purchase Price as provided herein, if prior to the termination of the Lease Term; (A) the Equipment or any portion thereof is destroyed (in whole or in part) or is damaged by fire or other casualty; or (B) title to, or the temporary use of, the Equipment of any part thereof or the estate of Lessee or Lessor in the Equipment or any part thereof shall be taken under the exercise of the power of eminent domain by any governmental body or by any person, firm or corporation acting under governmental authority, Lessee and Lessor will cause the Net Proceeds of any insurance claim or condemnation award to be applied to Lessee's obligations pursuant to Section 9.02 hereof.

For purposes of Section 8.03 and this Article IX, the term "Net Proceeds" shall mean the amount remaining from the gross proceeds of any insurance claim or condemnation award deducting all expenses (including attorney's fees) incurred in the collection of such claim or award.

Section 9.02 Insufficiency of Net Proceeds.

Provided, the Equipment is not deemed to be a total loss, Lessee shall if Lessee is not in default hereunder, cause the repair, replacement or restoration of the Property and pay the cost thereof.

In the event of total destruction or damage to the Equipment, whether or not Lessee is in default, at Lessor's option, Lessee shall pay to Lessor on the rent payment due date next succeeding the date of such loss ("Rent Payment Due Date") the amount of the Purchase Price applicable to such Rent Payment Due Date, plus the Rental Payment due on such date, plus any other amounts payable by Lessee hereunder, and, upon such payment, the Lease Term shall terminate and Lessor's security interest in the Equipment shall terminate as provided in Article XI of this Agreement. The amount of the Net Proceeds in excess of the then applicable Purchase Price, if any, may be retained by Lessee. Lessee agrees that if the Net proceeds are insufficient to pay in full Lessee's obligations hereunder, Lessee shall make such payments to the extent of any such deficiency. Lessee shall not be entilled to any reimbursement therefore from Lessor nor shall Lesse be entitled to any diminution of the amounts payable under Article VI hereof.

ARTICLE X

DISCLAIMER OF WARRANTIES; VENDOR'S WARRANTIES; USE OF THE EQUIPMENT

Section 10.01 Disclaimer of Warranties.

Lessor makes no warranty or representation, either express or implied, as to the value, design, condition, mechanism or fitness for particular purposes or fitness for use of the Equipment, or warranty with respect thereto. In no event shall Lessor be liable for any incidental, indirect, special or consequential damage in connection with or arising out of this Agreement or the existence, furnishing, functioning or Lessee's use of any item or products or services provided for in this Agreement.

Section 10.02 Vendor's Warranties.

Lessor hereby agrees to assign to Lessee solely for the purpose of making and prosecuting any such claim against Vendor, all of the rights which Lessor has against Vendor for breach of warranty or other representation respecting the Equipment. Lessee's sole remedy for the breach of such warranty, indemnification or representation shall be against the Vendor of the Equipment, and not against the Lessor, nor shall such matter have any effect whatsoever on the rights and obligations of Lessor with respect to this Agreement, including the right to receive fully and timely payments hereunder. Lessee expressly acknowledges that Lessor makes, and has made, no representation or warranties whatsoever as to the existence or availability of such warranties of the Vendor of the Equipment.

Section 10.03 Use of the Equipment.

Lessee will not install, use, operate or maintain the Equipment improperly, carelessly, in violation of any applicable law or in a manner contrary to that contemplated by this Agreement. Lessee shall provide all permits and licenses, if any, necessary for the installation and operation of the Equipment. In addition, Lessee agrees to comply in all respects (including, without limitation, with respect to the use,

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maintenance and operation of each item of the Equipment) with all laws of the jurisdiction in which its operations involving any item of Equipment may extend and any legislative, administrative or judicial body exercising any power or jurisdiction over the items of the Equipment; provided, however, that Lessee may contest in good faith the validity or application of any such law or rule in any reasonable manner which does not, in the opinion of Lessor, adversely affect the estate of Lessor in and to any of the items of the Equipment or its interest or rights under this Agreement.

ARTICLE XI

Option to Purchase. At the request of Lessee, Lessor's security interest in the Equipment will be terminated and this Agreement shall terminate:

- (a) At the end of the Lease Term (including Renewal Terms), upon payment in full of the Rental Payments and other amounts payable by Lessee hereunder; or
- (b) At the end of the Original Term or any Renewal Term upon payment by Lessee of the then applicable Purchase Price; or
- (c) If the Lease Term is terminated pursuant to Article IX of this Agreement.

ARTICLE XII

ASSIGNMENT: SUBLEASING: INDEMNIFICATION: MORTGAGING AND SELLING

Section 12.01 Assignment by Lessor.

This Agreement, and the obligations of Lessee to make payments hereunder, may be assigned and reassigned in whole or in part to one or more assignees or subassignees by Lessor at any time subsequent to its execution, without the necessity of obtaining the consent of Lessee. Lessor agrees to give notice of assignment to Lessee and upon receipt of such notice Lessee agrees to make all payments to the assignee designated in the assignment, notwithstanding any claim, defense, set off or counterclaim whatsoever (whether arising from a breach of this Agreement or otherwise) that Lessee may from time to time have against Lessor, or the assignee. Lessee agrees to execute all documents, including notices of assignment and chattel mortgages or financing statements which may be reasonably requested by Lessor or its assignee to protect their interests in the Equipment and in this Agreement.

Section 12.02 No Sale, Assignment or Subleasing by Lessee.

This Agreement and the interest of Lessee in the Equipment may not be sold, assigned or encumbered by Lessee without the prior written consent of Lessor.

Section 12.03 Release and Indemnification Covenants.

To the extent permitted by the laws and Constitution of the State, Lessee shall protect, hold harmless and indemnify Lessor from and against any and all liability obligations, losses, claims and damages whatsoever, regardless of cause thereof, and expenses in connection therewith, including, without limitation, counsel fees and expenses, penalties and interest arising out of or as the result of the entering into of this Agreement, the ownership of any item of the Equipment, the ordering acquisition, use, operation, condition, purchase, delivery, rejection, storage or return of any item of the Equipment or any

accident in connection with the operation, use, condition, possession, storage or return of any item of the Equipment resulting in damage to property or injury to or death to any person. The indemnification arising under this paragraph shall continue in full force and effect notwithstanding the full payment of all obligations under this Agreement or the termination of the Lease Term for any reason. Lessee agrees not to withhold or abate any portion of the payments required pursuant to this Agreement by reason of any defects, malfunctions, breakdowns, or infirmities of the Equipment.

ARTICLE XIII

EVENTS OF DEFAULT BY LESSEE AND REMEDIES THEREUPON

Section 13.01 Events of Default by Lessee Defined.

With respect to Lessee, the following shall be "Events of Default" under this Agreement and the terms "Event of Default" and "Default" shall mean, whenever they are used in this Agreement, any one or more of the following events:

- (a) Failure by Lessee to pay any Rental Payment or other payment required to be paid hereunder at the time specified herein; or
- (b) Failure by Lessee to observe and perform any covenant, condition or agreement on its part to be observed or performed, other than as referred to in Section 13.01(a), for a period of thirty (30) days after written notice, specifying such failure and requesting that it be remedied as given to Lessee by Lessor, unless Lessor shall agree in writing to an extension of such time prior to its expiration; provided, however, if the failure stated in the notice cannot be corrected within the applicable period, Lessor will not unreasonably withhold its consent to an extension of such time if corrective action is instituted by Lessee within the applicable period and diligently pursued until the default is corrected; or
- (c) Breach of any material representation or warranty by Lessee under this Agreement; or
- (d) Commencement by Lessee of a case or proceeding under the Federal bankruptcy laws or filing by Lessee of any petition or answer seeking reorganization, arrangement, composition, readjustment, liquitation or similar relief under any existing or future bankruptcy, insolvency or other similar law or any answer admitting or not contesting the material allegations of a petition filed against Lessee in any such proceeding; or
- (e) A Petition against Lessee in a proceeding under any existing or future bankruptcy, insolvency or other similar law shall be filed and not withdrawn or dismissed within thirty (30) days thereafter.

The foregoing provisions of this Section 13.01 are subject to (i) the provisions of Section 6.06 hereof with respect to nonappropriation; and (ii) if by reason of <u>force majeure</u> Lessee is unable in whole or in part to carry out its agreement on its part herein contained, other than the obligations on the part of the Lessee contained in Article VI hereof, Lessee shall not be deemed in default during the continuance of such inability. The term "force majeure" as used herein shall mean, without limitation, the following: Acts of God strikes, lockouts or other industrial disturbances; acts of public enemies, order or restraints of any kind of the government of the United States of America or of the State wherein Lessee is located or any of their department, agencies or officials, or any civil or military authority; insurrections; riot, landslides;

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earthquakes; fire, storms; droughts; floods; or explosions.

Section 13.02 Remedies on Default.

Whenever any event of default referred to in section 13.01 hereof shall have happened and be continuing, Lessor shall have the right, at its sole option without any further demand or notice, to take one or any combination of the following remedial steps:

- (a) With or without terminating this Agreement, retake possession of the Equipment and sell, lease or sublease the Equipment for the account of Lessee, to be applied to Lessee's obligations hereunder, holding Lessee liable for the Purchase Price applicable on the rent payment due date immediately preceding the date of default, plus the Rental payments due on such date, plus any other amounts payable by Lessee hereunder, including, but not limited to, attorney's fees expenses and costs of repossession;
- (b) Require Lessee at Lessee's risk and expense to promptly return the Equipment in the manner and in the condition set forth in Section 6.06 and 8.01 hereof;
- (c) If the Lessor is unable to repossess the Equipment for any reason, the Equipment shall be deemed a total loss and Lessee shall pay to Lessor the amount due pursuant to Article IX hereof; and
- (d) Take whatever action at law or in equity may appear necessary or desirable to enforce its rights as the owner of the Equipment.

Section 13.03 No Remedy Exclusive.

No remedy herein conferred upon or reserved to Lessor is intended to be exclusive and every such remedy shall be cumulative and shall be in addition to every other remedy given under this Agreement or now or hereafter existing at law or in equity. No delay or omission to exercise any right or power accruing upon any default shall impair any such right or power or shall be construed to be a waiver thereof, but any such right and power and may be exercised from time to time and as often as may be deemed expedient.

ARTICLE XIV

LESSOR'S WARRANTIES

Section 14.01 Lessor's Warranties.

As to each item of leased Equipment to be leased hereunder, the Lessor warrants that:

- (a) It has the right to lease the same to Lessee.
- (b) It will keep each item of leased Equipment free of security interests except for the security interest provided for in Section 7.02 of this Agreement.

(c)

It will do nothing to disturb Lessee's full right of possession and enjoyment thereof and the exercise of Lessee's rights with respect to the Equipment leased hereunder subject to compliance by Lessee of the terms of this Agreement.

ARTICLE XV

MISCELLANEOUS

Section 15.01 Notices.

All notices, certificates of other communications hereunder shall be sufficiently given and shall be deemed given when delivered or mailed by certified mail, postage prepaid, to the parties at their respective places of business.

Section 15.02 Binding Effect.

This Agreement shall insure to the benefit of and shall be binding upon Lessor and Lessee and their respective successors and assigns.

Section 15.03 Severability.

In the event any provision of this Agreement shall be held invalid or unenforceable by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision hereof.

Section 15.04 Amendments.

The terms of this Agreement shall not be waived, altered, modified, supplemented or amended in any manner whatsoever except by written instrument signed by the Lessor and the Lessee; nor shall any such amendment that affects the rights of Lessor's assignee be effective without such assignee's consent.

Section 15.05 Execution in Counterparts.

This Agreement may be executed in several counterparts, each of which shall be an original and all of which shall constitute but one and the same instrument.

Section 15.06 Applicable Law.

This Agreement shall be governed by and construed in accordance with the laws of the State of Mississippi.

Section 15.07 Captions.

The captions or headings in this Agreement are for convenience only and in no way define, limit or describe the scope or intent of any provisions of sections of the Agreement.

Section 15.08 Entire Agreement.

This Agreement constitutes the entire Agreement between Lessor and Lessee. No waiver, consent,

modification or change of terms of this Agreement shall bind either party unless in writing signed by both parties, and then such waiver, consent, modification or change shall be effective only in the specific instance and for the specific purpose given. There are no understandings, agreements, representations or warranties, express or implied, not specified herein regarding this Agreement or the Equipment lease hereunder. Any terms and conditions of any purchase order or other document (with the exception of Supplements) submitted by Lessee in connection with this Agreement which are in addition to or inconsistent with the terms and conditions of this Agreement will not be binding on Lessor and will not apply to this Agreement. Lessor and Lessee by their signatures acknowledge that each has read this Agreement, understands it, and agrees to be bound by its terms and conditions, and certifies that each signature is duly authorized and the signers are empowered to execute this Agreement on behalf of their respective principals.

IN WITNESS WHEREOF, Lessor has executed this Agreement in its corporate name with its corporate seal hereunder affixed and attested by its duly authorized officer, and Lessee has caused this Agreement to be executed in its corporate name with its corporate seal hereunto affixed and attested by its duly authorized officers. All of the above occurred as of the date first written below.

LESSOR: HANCOCK BANK

Βv JASON L. THOMAS

Its: ASSISTANT/VICE PRESIDENT

As of May 24, 2004

LESSEE: HARRISON COUNTY, MISSISS

By: BOBBY ELEUTERIUS Its: PRESIDENT

As of May 24, 2004.

ATTEST: By:____

{SEAL}

JOHN McADAMS, Clerk of Board

As of May 24, 2004.

420

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

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EXHIBIT"A"

(ATTACH ORIGINAL OR CERTIFIED COPY OF LEASE RESOLUTION)

EXHIBIT "B"

{ATTACH LEGAL & TAX OPINION FROM LESSEE'S COUNSEL}

EXHIBIT "C" CERTIFICATE AS TO ARBITRAGE

We, the undersigned, BOARD OF SUPERVISORS OF HARRISON COUNTY (the "Lessee") being the person duly charged, with others, with responsibility for issuing the Lessee's obligation in the form of that certain agreement entitled "Municipal Lease and Option Agreement" (the "Agreement") dated May 24, 2004 and issued said date hereby certify that:

- 1. The Agreement was issued by the Lessee under and pursuant to SEC. 31-7-13(e) MISS. CODE ANN. (1972) Law to finance the acquisition of certain equipment described therein.
- 2. Pursuant to the Agreement, the Lessee is entitled to receive said equipment in consideration for the obligation of the Lessee under the Agreement. Said equipment will be used in furtherance of the public purposes of the Lessee. The Lessee does not intend to sell equipment or said Agreement or to otherwise dispose of said equipment during the term of the Agreement. The Lessee will not receive any monies, funds, or other "proceeds" as a result of the Agreement.
- 3. The Lessee expects to make payments under the Agreement from its general funds on the basis of annual appropriations in amount equal to the required payments under the Agreement. The remaining general funds of the Lessee are not reasonably expected to be used to make such payments and no other monies are pledged to the Agreement or reasonably expected to be used to pay principal and interest on the Agreement.
- 4. The Lessee has not received notice that its Certificate may not be relied upon with respect to its own issues nor has it been advised than any adverse action by the Commissioner of Internal Revenue is contemplated.

To the best of our knowledge, information and belief the expectations herein expressed are reasonable and there are no facts, estimates or circumstances other than those expressed herein that would materially affect the expectations herein expressed.

IN WITNESS WHEREOF, we have hereunto set our hands this 24th day of , 2004.

HARRISON COUNTY BOARD OF SUPERVISORS

By:

Bobby Eleuterius President

By:

John McAdams Clerk of Board

EXHIBIT "D" DESCRIPTION OF EQUIPMENT

The Equipment that is listed on the invoices attached to this Exhibit D is the subject of the Municipal Lease and Option Agreement dated May 24, 2004 entered into between Hancock Bank and the Board of Supervisors of Harrison County, Mississippi. Lessee hereby certifies that the description of the personal property set forth in the attached invoices constitutes an accurate description of the "Equipment", as defined in the above referenced Municipal Lease and Option Agreement.

HARRISON COUNTY BOARD OF SUPERVISORS

By:_

Bobby Eleuterius President

By:___

John McAdams Clerk of Board

| A RICOH COMPANY LANIER WORLDWIDE, INC. SECOND FLOOR 4667 N. ROYAL ATLANTA DR. TUCKER GA 30084 | INVOICI Please pay from th | | E | NON 190 | ENUMBER INN E SUSTOMER FIC 5893 1 | /27/04 NOICE DATE OF 2 PAGE 57 |
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| HARRISON CTY BOARD OF SU T 1801 23RD AVE GULFPORT 659410 | PERVISORS | | PO B(| DCK BANK DX 4019 PORT MS | 39502-4019 | |
| FOR BILLING INQUIRIES: (866) 888 | 7540 | | FOR | ADDITIONAL | | N, SEE REVERSE |
| 773 4050 COMMERCIAL | | | 77 | NUMBER [] | UE UPON RE | ECEIPT |
| DESCRIPTION | | ERIAL IMBER | OUANTETA | UNITS | | EXTENDED |
| LLING AGREEMENT M077314867 NIER 15310 AG FAX | 486 486 486 486 | 02394 02396 02398 02398 02395 02397 02397 | 5 | EACH | 1,122.75 | 5,613.75 |
| DI22 SCAN / PRINT MODEL | 413 413 413 413 | 02397 00510 00768 01138 02506 00662 00662 | 7 | EACH | 3,265.85 | 5 22,860.95 |
| D_024C_S/P_MODEL_ F75 F75 | 413 369 382 | 101793 101570 202706 202707 202711 102971 102982 | 1 1 7 | EACH EACH EACH | 4,653.60 670.45 619.20 | 4,653.60 670.45 4,334.40 |
| R820 500 SHEET FINISHER | 384 310 312 312 | 202709 402934 402977 203024 201583 201583 201582 201582 201677 2013025 | 7 | ЕАСН | 492.00 | 0 3,444.00 |
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| | 461 462 461 461 | 02032 02266 200579 02105 02305 | | | | |
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| P.O. B ATLANTA | GA 303 | 348 | AFIE | R 04/26/04 | PAY | 159,380.10 |
| ETACH AND RETURN THIS PORTIC | | | Topayb Check: | y credit card, plea M/C VISA | AMEX | ation below: Expires: / / |
| CUSTOMER NAME: HANCOCK BANK | | | Number | | | |
| ACCOUNT NUMBER. 1905893 PLEASE INDICATE CHANGE OF ADDRESS ON REVERSE | SIDE | | Signatur | DUE DATE | | UPON RECEIPT |
| | | | | VOICE NUMBER | | 77193532 |
| REMIT TO: | | | AFTE | A 04/26/0 | 4 PAY | 159,280.10 159,380.10 |
| LANIER WORLDWIDE, INC. PO BOX 105533 ATLANTA GA 30348-5533 | | - | <u> </u> | MOUNT PAID-> | | |

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| A ALCOH COMPANY LANIER WORLDWIDE, INC. SECOND FLOOR 4667 N. ROYAL ATLANTA DR. TUCKER HARRISON CTY BOARD OF SUPERVISORS 1801 23RD AVE GULFPORT 659410 FOR BILLING INDUIRIES(866) 888-7540 | | HANC PO B GULF | DOK BANK 0X 4019 PORT | | 2 2 58 39502 |
|--|---|---|--|--|--|
| DESCRIPTION LD145 WITH SCAN/PRINT BRIDGE UNIT - LD035/45 CABINET STAND LD035/45 SR790 1000 SHEET FINISHER PRINT/SCAN KIT + 128 MB MEMORY PRINTRY SCANNER KIT TYPE 1075 128 MB DIMM SR790 FINISHER KIT-LD24/32C SR790 FINISHER KIT-LD24/32C SR790 FINISHER KIT-LD24/32C SR790 FOR DIMM SR790 FUNISHER KIT-LD24/32C SR790 FOR DIMM SR100E UNIT - LD 024/23C ADJUSTMENT TABLE FOR SK790 CABINET STAND LD 024/23C LW 410 WIDE FORMAT COPIER PRINT CONTROLLER HOD TYPE 470W 470W JFICK SCAN JPTION - DD024/32C SH10PTING & HANDLING ORIGNAL/COPY CATCH TRAY INTEGRATION SERVICES SHIPPING & HANDLING TOTAL AMOUNT | SERIAL NUMBER 4620063 4620058 4620058 31000394 31000396 31000395 31000395 31000395 31000395 31000395 31000401 31000395 31000401 31000395 31000401 3100150 35700307 31201061 31100687 31100687 31200063 | 9444177772 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | EACH EACH EACH EACH EACH EACH EACH EACH | UNIT AMOUNT 6,007.10 91.20 86.40 561.60 576.80 12.642.00 10.00 10 | EXTENDED AMOUNT 12,014.21 729.6 691.2 4,492.8 5,414.4 10,103.0 12,642.0 10,103.0 12,642.0 10,103.0 10,225.6 2,918.4 .0 0 0,0 10,3,225.6 2,918.4 .0 0 0,0 10,3,225.6 2,918.4 .0 0 0,0 10,3,225.6 0,0 10,0 10,0 2,225.6 10,0 0,0 10,0 10,0 2,225.6 10,0 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0, |

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EXHIBIT "E" RENTAL PAYMENTS

Monthly rentals on this agreement are \$2,892.27. The first rental due on this agreement will be due on the 25th day of June, 2004 and subsequent monthly rentals will be due on the same day of each monthly thereafter. The lease term of this agreement is 60 monthly payments with a \$1.00 Purchase Option available to the Lessee at contract end. The purchase price during the original or any renewal term shall be the amount set forth as the "balance" or "outstanding balance" on the attached amortization schedule plus \$1.00 plus accrued but unpaid interest amounts as set forth on the attached schedule plus other amounts payable by lessee under the terms of the lease.

05/20/2004 Page 1

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Harrison County Lease Purchase of Copiers - May 2004

Compound Period: Monthly

| Nominal Annual Rate .: | 3.400 | % |
|--------------------------|----------|---|
| Effective Annual Rate .: | 3.453 | % |
| Periodic Rate: | 0.2833 ' | % |
| Daily Rate: | 0.009321 | % |

CASH FLOW DATA

| Event | Start Date | Amount | Number Period | End Date |
|-----------|------------|------------|---------------|------------|
| 1 Loan | 05/25/2004 | 159,380.10 | 1 | |
| 2 Payment | 06/25/2004 | 2,892.27 | 60 Monthly | 05/25/2009 |

AMORTIZATION SCHEDULE - Normal Amortization

| | Date | Payment | Interest | Principal | Balance | |
|------|------------|-----------|----------|-----------|------------|---|
| Loan | 05/25/2004 | | | | 159,380.10 | |
| 1 | | 2,892.27 | 451.58 | 2,440.69 | 156,939.41 | |
| 2 | 07/25/2004 | 2,892.27 | 444.66 | 2,447.61 | 154,491.80 | |
| 3 | 08/25/2004 | 2,892.27 | 437.73 | 2,454.54 | 152,037.26 | |
| 4 | 09/25/2004 | 2,892.27 | 430.77 | 2,461.50 | 149,575.76 | |
| 5 | 10/25/2004 | 2,892.27 | 423.80 | 2,468.47 | 147,107.29 | |
| 6 | 11/25/2004 | 2,892.27 | 416.80 | 2,475.47 | 144,631.82 | |
| 7 | 12/25/2004 | 2,892.27 | 409.79 | 2,482.48 | 142,149.34 | |
| 2004 | Totals | 20,245.89 | 3,015.13 | 17,230.76 | | |
| 'n | 01/25/2005 | 2,892.27 | 402.76 | 2,489.51 | 139,659.83 | |
| | 02/25/2005 | 2,892.27 | 395,70 | 2,499.51 | 139,059.03 | |
| - | 03/25/2005 | 2,892.27 | 388.63 | 2,490.57 | 134.659.62 | |
| 11 | | 2,892.27 | 381.54 | 2,510.73 | 132,148.89 | |
| | 05/25/2005 | 2,892.27 | 374.42 | 2,517.85 | 129,631.04 | |
| | 06/25/2005 | 2,892.27 | 367.29 | 2,524,98 | 127,106.06 | |
| | 07/25/2005 | 2,892.27 | 360.13 | 2,524.98 | 124,573.92 | |
| | 08/25/2005 | 2,892.27 | 352.96 | 2,539.31 | 122,034,61 | |
| | 09/25/2005 | 2,892.27 | 345.76 | 2,546.51 | 119,488.10 | |
| | 10/25/2005 | 2,892.27 | 338.55 | 2,553.72 | 116,934.38 | |
| | 11/25/2005 | 2,892.27 | 331.31 | 2,560.96 | 114,373.42 | |
| | 12/25/2005 | 2,892.27 | 324.06 | 2,568.21 | 111,805.21 | |
| | Totals | 34,707.24 | 4,363.11 | 30,344,13 | 111,000.21 | |
| | , | · | | , | | |
| 20 | 01/25/2006 | 2,892.27 | 316.78 | 2,575.49 | 109,229.72 | |
| 21 | 02/25/2006 | 2,892.27 | 309.48 | 2,582.79 | 106,646.93 | , |
| 22 | 03/25/2006 | 2,892.27 | 302.17 | 2,590.10 | 104,056.83 | |
| 23 | 04/25/2006 | 2,892.27 | 294.83 | 2,597.44 | 101,459.39 | |
| 24 | 05/25/2006 | 2,892.27 | 287.47 | 2,604.80 | 98,854.59 | |
| | 06/25/2006 | 2,892.27 | 280.09 | 2,612.18 | 96,242.41 | |
| | 07/25/2006 | 2,892.27 | 272.69 | 2,619.58 | 93,622.83 | |
| | 08/25/2006 | 2,892.27 | 265.26 | 2,627.01 | 90,995.82 | |
| 28 | 09/25/2006 | 2,892.27 | 257.82 | 2,634.45 | 88,361.37 | |
| | | | | | | |

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

05/20/2004 Page 2 Harrison County Lease Purchase of Copiers - May 2004 Date Interest Principal Payment Balance 29 10/25/2006 250.36 2,641.91 2,892.27 85,719.46 30 11/25/2006 242.87 2,649.40 83,070.06 2,892.27 31 12/25/2006 2,892.27 235.37 2,656.90 80,413.16 2006 Totals 31,392.05 34,707.24 3,315.19 32 01/25/2007 227.84 2,664.43 2,892.27 77,748.73 33 02/25/2007 220.29 2,671.98 2,892.27 75,076.75 34 03/25/2007 2,892.27 212.72 2,679.55 72,397.20 35 04/25/2007 2,892.27 205.13 2,687.14 69,710.06 36 05/25/2007 2,892.27 197.51 2,694.76 67,015.30 37 06/25/2007 2,892.27 189.88 2,702.39 64,312.91 38 07/25/2007 2,892.27 182.22 2,710.05 61,602.86 39 08/25/2007 2,892.27 174.54 2,717.73 58,885.13 40 09/25/2007 166.84 2,725.43 56,159.70 2,892.27 41 10/25/2007 2,733.15 2,892.27 159.12 53,426.55 42 11/25/2007 2,892.27 151.38 2,740.89 50,685.66 43 12/25/2007 2,892.27 143.61 2,748.66 47,937.00 2007 Totals 34,707.24 2,231.08 32,476.16 44 01/25/2008 135.82 2,756.45 2,892.27 45,180.55 45 02/25/2008 2,764.26 42,416.29 2,892.27 128.01 46 03/25/2008 2,892.27 120.18 2,772.09 39,644.20 47 04/25/2008 2,892.27 112.33 2,779.94 36,864.26 48 05/25/2008 2,892.27 104.45 2,787.82 34,076.44 49 06/25/2008 2,892.27 96.55 2,795.72 31,280.72 50 07/25/2008 28,477.08 2,892.27 88.63 2,803.64 51 08/25/2008 80.69 2,811.58 25,665.50 2,892.27 52 09/25/2008 2,892.27 72.72 2,819.55 22,845.95 53 10/25/2008 2,892.27 64.73 2,827.54 20,018.41 54 11/25/2008 2,892.27 56.72 2,835.55 17,182.86 55 12/25/2008 2,892.27 48.68 2,843.59 14,339.27 2008 Totals 34,707.24 1,109.51 33,597.73 56 01/25/2009 40.63 2,851.64 11,487.63 2,892.27 57 02/25/2009 2,892.27 32.55 2,859.72 8,627.91 58 03/25/2009 2,892.27 24.45 2,867.82 5,760.09 59 04/25/2009 2,892.27 16.32 2,875.95 2,884.14 0.00 60 05/25/2009 2,892.27 8.13 2,884.14 2009 Totals 122.08 14,339.27 14,461.35 Grand Totals 173,536.20 14,156.10 159,380.10

EXHIBIT "F" ACCEPTANCE CERTIFICATE

The undersigned, BOARD OF SUPERVISORS OF HARRISON COUNTY as Lessee under the Municipal Lease and Option Agreement(the "Agreement") dated May 24th, 2004 with HANCOCK BANK ("Lessor"), acknowledges receipt in good condition of all of the Equipment described in the Agreement and Exhibit "D" thereto as of May 25, 2004, and certifies that Lessor has fully and satisfactorily performed all of its covenants and obligations required under the Agreement to date.

HARRISON COUNTY BOARD OF SUPERVISORS

By:_____

Bobby Eleuterius President

By:_

John McAdams Clerk of Board

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EXHIBIT G ESSENTIAL USE/SOURCE OF FUNDS LETTER

TO: HANCOCK BANK

RE: Municipal Lease and Option Agreement

Gentlemen:

Reference is made to that certain Municipal Lease and Option Agreement, dated May 24th, 2004("Lease"), between Lessor and us, BOARD OF SUPERVISORS OF HARRISON COUNTY as Lessee, leasing the personal property ("Property") described in Exhibit "D" to such Lease. This confirms and affirms that the Property is essential to the functions of the undersigned as or to the service we provided to our citizens.

Further, we have an immediate need for, and expect to make immediate use of, substantially all the Property, which need is not temporarily or expected to diminish in the foreseeable future. The Property will be used by us only for the purpose of performing one or more of the governmental or proprietary functions consistent with the permissible scope of our authority.

We expect and anticipate adequate funds to be available for all future payments of rent due after the current fiscal year in as much as there will be a continued need for such property.

Very truly yours,

HARRISON COUNTY BOARD OF SUPERVISORS

| By: | | |
|-----|-------|---|
| | Bobby | F |

Bobby Eleuterius President

By: ______ John McAdams Clerk of Board

Exhibit H BILL OF SALE

For and in consideration of the purchase price of \$159,380.10 paid by Hancock Bank, Gulfport, Mississippi ("Lessor"), to the BOARD OF SUPERVISORS OF HARRISON COUNTY ("Lessee"), receipt of which is hereby acknowledged, the Lessee hereby sells, assigns, and transfers to Lessor, the equipment (the "Equipment") now in the possession of Lessee as described on Exhibit D and the attachments thereto.

It is agreed that the Equipment is to remain in the possession of Lessee but that the possession thereof by Lessee shall, from and after the date hereof, be subject to the Municipal Lease and Option Agreement dated as of May 24, 2004 between Lessor and Lessee (the "Agreement"), with the same effect as though the Equipment had been acquired by Lessor and delivered to Lessee as of the date hereof. The rental applicable to the Equipment shall be determined in accordance with the terms of the Agreement.

Lessee hereby represents and warrants that the Equipment is now in the possession of the Lessee and hereby transfers to Lessor the Equipment free and clear of any and all liens and encumbrances, subject to re-conveyance and retention of title to Lessee as provided in the Agreement.

Lessee hereby agrees, upon request of Lessor, to execute and deliver any other instruments, papers, or documents which may be required, or desirable, in the opinion of Lessor in order to give effect to this Bill of Sale.

IN WITNESS WHEREOF Lessee has duly executed this Bill of Sale as of this 24th day of May, 2004.

HARRISON COUNTY BOARD OF SUPERVISORS

BY: _____ Bobby Eleuterius President

BY:

John McAdams Clerk of Board

Exhibit J <u>y</u> ASSIGNMENT OF PURCHASE ORDERS

For value received, the **BOARD** OF SUPERVISORS OF HARRISON COUNTY ("Assignor") does hereby, sell, assign and transfer to Hancock Bank, Gulfport, Mississippi ("Assignee") all its right, title and interest in and to and delegates all its duties under the purchase orders attached hereto and made a part hereof (the "Purchase Orders"), including without limitation the right to take title to the equipment (the "Equipment") described in the Purchase Orders and to be named as purchaser in any bills of sale and/or invoices to be delivered in connection therewith, subject to the provisions of the Agreement with respect to the transfer of title to Lessee.

The Assignor represents that the Purchase Orders are in full force and effect and enforceable in accordance with the terms thereof, and are assignable and the duties thereunder delegable and that this Assignment is a valid exercise of the rights of the Assignor.

This Assignment is executed for the purpose of enabling Assignce to purchase the Equipment specified on the Purchase Orders which Assignee will lease to Assignor pursuant to a certain Municipal Lease and Option Agreement dated as of May 24, 2004, and of which this Assignment constitutes an integral part, and is subject to the provisions of the Agreement with respect to the transfer of title to Lessee.

Assignee has caused or will cause all actions to be taken as provided in the Purchase Orders assigned hereby including those pertaining to the delivery, installation, quality and quantities of Equipment.

EXECUTED this 24 day of May, 2004.

issue purchase arders on items acquired by leasepurchase. HARRISON COUNTY BOARD OF SUPERVISORS

| Bobby Eléuterius President |
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| President |
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| John McAdams |
| Clerk of Board |
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Exhibit K ASSIGNMENT OF INVOICES

For value received, the BOARD OF SUPERVISORS OF HARRISON COUNTY ("Assignor") does hereby sell, assign and transfer to Hancock Bank, Gulfport, Mississippi ("Assignee") all its right, title and interest in and to and delegates its duties under the invoices attached hereto and made a part hereof (the "Invoices").

The Assignor represents that the Invoices are in full force and effect and are assignable and that this Assignment is a valid exercise of the rights of the Assignor.

This Assignment is executed for the purpose of establishing in Assignee clear title to the equipment specified on the Invoices which equipment is subject to that certain Municipal Lease and Option Agreement dated as of May 24, 2004 by the Assigner and Assignee, of which this Assignment constitutes an integral part, including those provisions for the transfer and retention of title to Lessee as provided in the Agreement.

This Assignment of Invoices is executed as of this 24th day of May, 2004.

HARRISON COUNTY BOARD OF SUPERVISORS

Bobby Fleuterius

BY:

BY:

President

John McAdams Clerk of Board

and the second
| LANIER WORLDWIDE, INC. SECOND FLOOR 4567 N. RUTAL ATLANTA DR. TUCKER | INVOICE PLEASE PAY FROM THIS INVO | DICE | NON | 5893 1 OF | EDATE 2 | |
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| HARRISON CTY BOARD OF SU T 1801 23RD AVE GULFPORT 659410 | PERVISORS 2 39502 0 | PO B | 56 OCK BANK OX 4019 PORT MS (| 39502 - 401 9 | | |
| FOR BILLING INQUIRIES: (866) 888- OFFICE OLASS CONTRACT NUMBER 1773 4050 COMMERCIAL DESCRIPTION | 7540 SERIAL NUMBER | \$ 77 | ALES ORDER NUMBER 193532 D | INFORMATION, TERMS UE UPON RECE | | |
| BILLING AGREEMENT M077314867 LANIER LF310 AG FAX | 48602394 | 5 | EACH | 1,122.75 | 5,613.75 | |
| LD122 SCAN / PRINT MODEL | 4867336 4860239 4860239 41300510 4130076 4130076 4130138 41302506 41300682 | 7 | EACH | 3,265.85 | 22,860.95 | |
| LD DŻĄC S/P MODEL DF75 DF75 | 41300905 41301793 36901570 38202706 3820270 3820271 38402971 38402971 38402972 | 1 1 7 | EACH EACH EACH | 4,653.60 670,45 619,20 | 4,653.60 670.45 4,334.40 | |
| SR820 500 SHEET FINISHER | 1870570 18420533 184402533 1003022 1003022 1003025 1002054 1201562 1201562 1201572 1201572 1201572 | 7 | EACH | 492.00 | 3,444.00 | |
| BU-1027 FAC20 CABINET STAND FAX OPTION TYPE 2027 LD135 WITH SCAN/PRINT LD135 WITH SCAN/PRINT | 31201677 31003025 461022032 46102266 4620057 46102107 46102307 46102307 | 777 | EACH EACH EACH EACH EACH | 96.00 88.80 540.00 4,975.10 | 672.00 621.60 3.780.00 29,850.60 | - |
| LANIER | REMIT TO: NORLOWIDE, INC. DX 105533 GA 30348 | TOTA | | | 159,280.10 | |
| ATLANTA DETACH AND RETURN THIS PORTIO | GA 30348 N WITH PAYMENT 1 THANK YOU! | Ta payl Check: | M/C VISA | se enter the information | 159,380,10 | |
| CUSTOMER NAME: HANCOCK BANK ACCOUNT NUMBER: 1905893 PLEASE INDICATE CHANGE OF ADDRESS ON REVERSE S REMIT TO: | IOE | PA' AFTE | DUE DATE VOICE NUMBER THIS AMOUNT- R 04/25/04 | > 1 | N RECEIPT 77193532 59,280.10 59,380.10 | |
| LANIER WORLDWIDE, INC. PO BOX 105533 ATLANTA GA 30348-5533 Juliiumininistaalaalaalaalaalaalaalaalaalaalaalaalaal | որդություն է է է է է է է է է է է է է է է է է է է | ⁵ Specce 14 Se | MOUNT PAID→ 058930015 | 95907040072 | 7380,05 |] |
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|---|---|---|---|---|---|--|
| | HARRISON CTY BOARD CF SUPERVISORS 1801 23RD AVE GULPORT 659410 FOR BILLING INQUIRIES (866) 888-7540 | | PO BI GULFI | OCK BANK OX 4019 PORT | | 39502 SEE REVERSE |
| | DESCRIPTION | SERIAL NUMBER 46200863 46200585 46200607 | QUANTITY | | | EXTENDED |
| | L0145 WITH SCAN/PRINT BRIDGE UNIT - LD035/45 CABINET STAND LD035/45 FAX DPTION - LD035/45 SR790 1000 SHEET FINISHER | 462005657 46200607 31000394 31000398 31000398 31000395 31000397 31000397 31000397 | 2 88 88 88 88 88 88 88 88 88 | EACH EACH EACH EACH EACH EACH | 6,007.10 91.20 85.40 561.60 676.80 | 12,014.20 729.60 631.20 4,492.80 5,414.40 |
| | LD060 AG LD05 SR850 50 SHEET FINISHER PRINTER/SCANNER KIT TYPE 1075 128 MB DIMM SR790 FINISHER KIT-U24/32C SR790 FINISHER KIT-U24/32C ADUSTMENT TABLE FOR SR790 CASINET STAND LD 024/32C ADUSTMENT TABLE FOR SR790 CASINET STAND LD 024/32C LW 410 WIDE FORMAT COPIER PRINT CONTROLLE FOR SR790 CASINET STAND LD 024/32C LW 410 WIDE FORMAT COPIER PRINT CONTROLLE FOR SR790 CASINET STAND LD 024/32C LW 410 WIDE FORMAT COPIER PRINT CONTROLLE FOR SR790 SCAN OFTION - LO CASING SCAN OFTION SERVICES SHIPPING & HANDLING | 31000399 31000401 45100150 35700307 31201071 31201081 31100687 31200063 | | CHHH CACC SCHONNERT MCACOSCACACA MCACOSCACACACA MCACOSCACACACA MCACOSCACACACA MCACOSCACACACACACACACACACACACACACACACACAC | 10,103.00 12,642.00 1,612.80 1,459.20 600 890.40 00 103.35 5580.35 14,885.00 | 10,103.00 12,542.00 3,225.60 2,918.40 00 00 890.40 102.32 580.35 14,865.00 2,2805.00 1,532.85 |
| | TOTAL AMOUNT | | | EACH EACH EACH MISC MISC | 103.35 580.35 2805.90 2.805.00 1.532.85 1.659.70 3.750.00 3.185.00 | 14 865 90 2 805 00 1 532 85 1 550 00 3 750 00 3 750 00 3 165 00 159,280 10 |
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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

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EXHIBIT L CERTIFICATE WITH RESPECT TO QUALIFIED TAX-EXEMPT OBLIGATION

We, the undersigned representatives of the BOARD OF SUPERVISORS OF HARRISON COUNTY (the "Lessee") being the persons duly charged, with others, with responsibility for issuing the Lessee's obligation in the form of that certain agreement entitled "Municipal Lease and Option Agreement" (the "Agreement") dated and issued said date hereby certify that:

- 1. This Certificate is executed for the purpose of establishing that the Lease has been designated by Lessee as a qualified tax-exempt obligation of Lessee for purposes of the Tax Reform Act of 1986.
- 2. The Lease being issued by Lessee is in calendar year 2004.
- 3. No portion of the gross proceeds of the Lease will be used to make or finance loans to persons other than governmental units or be used in any trade or business carried on by any person other than a governmental unit.
- 4. To the best knowledge and belief of Lessee the Lease is issued to provide financing as a qualified project bond within the meaning of the Act.
- 5. Including the Lease herein so designated, Lessee has not designated more than \$10,000,000.00 of obligations issued during calendar year 2004 as qualified tax-exempt obligations.
- 6. Lessee reasonably anticipates that the total amount of qualified tax-exempt obligations to be issued by lessee during calendar year 2004 will not exceed \$10,000,000.00.

To the best of our knowledge, information and belief the expectations herein expressed are reasonable and there are no facts, estimates or circumstances other than those expressed herein that would materially affect the expectations herein expressed.

IN WITNESS WHEREOF, we have hereunto set our hands this 24th day of May, 2004.

HARRISON COUNTY BOARD OF SUPERVISORS

By:___

Bobby Elevierius President

By:_____ John McAdams Clerk of Board

EXHIBIT M SELF INSURANCE CERTIFICATE

To: Hancock Bank P. O. Box 4019 Gulfport, MS 39502

In order to protect the Lessor and the Lessee, from loss, theft, damage or destruction from every cause whatsoever for not less than the Full Insurable Value of the Equipment, the Board of Supervisors of Harrison County, Mississippi (Lessee) has elected to Self Insure with regard to property damage insurance. Pursuant to the resolution, duly adopted by the Governing Body of the Lessee, authorizing the Lessee to enter into a certain Lease Purchase Agreement dated May 24, 2004 (the "Agreement") with Hancock Bank (Lessor), the Lessee does hereby certify to the Lessor that it has and will maintain, for the full term of the Agreement, sufficient financial resources to self insure against physical loss and property damage.

The undersigned hereby certify that financial resources will be maintained in a sufficient amount to insure against loss, theft, damage or destruction from every cause whatsoever, such resources being sufficient to enable the Lessee to meet all of its obligations under the Agreement, including making all rental payments for the full term of the Agreement.

The Lessee and the Lessee's Governing Body understand the terms of the Agreement, including Section 8.03 of the Agreement ("Provisions Regarding Insurance"). The Lessor is a loss payee and an additional insured with regard to the Lessee's Self Insurance program.

In addition to its physical and property damage self insurance program, the Lessee has purchased, and will continue to purchase liability insurance, from an independent third party provider, for the full term of the Agreement. During the term of the Agreement, the Lessee will provide, or have provided, to the Lessor, a certificate of insurance naming the Lessor as an additional insured and loss payee with regard to the Lessee's liability insurance.

The Lessee's Governing Body understands that there will be no abatement or reduction of the Lessee's obligations under the Agreement, including making all rental payments, for any reason, including, but not limited to, loss, theft, damage or destruction for every cause whatsoever.

BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI

As of May 24, 2004

By:

By: ______ Bobby Eleuterius, President

John McAdams, Clerk of Board

Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the

Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* * *

Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER APPROVING PAYMENT OF \$161.00 TO THE PASS CHRISTIAN PUBLIC SCHOOL DISTRICT FOR ANNUAL RENT (2004) OF 16TH SECTION LAND RIGHT OF WAY FOR DISTRICT 3 PAYABLE FROM 150-300-530

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE payment of \$161.00 to the Pass Christian Public School District for annual rent (2004) of 16th Section land right of way for District 3 payable from 150-300-530.

Supervisor **WILLIAM M. MARTIN** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the

Supervisors present, the President then declared the motion carried and the Order adopted. THIS, the 24th day of May 2004.

*

Supervisor WILLIAM M. MARTIN moved adoption of the following:

ORDER FINDING THAT THE CHECK ISSUED BY GAYLE PARKER, CIRCUIT CLERK, IN THE AMOUNT OF \$163,034.43 REPRESENTING THE AMOUNT IN EXCESS OF THE CAP FOR 2003 AND DEPOSITED WITH THE CHANCERY CLERK, HAD AN INCORRECT AMOUNT AND SHOULD BE IN THE AMOUNT OF \$123,160.80

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY FIND that the check issued by Gayle Parker, Circuit Clerk, in the amount of \$163,034.43 representing the amount in excess of the cap for 2003 and deposited with the Chancery Clerk, had an incorrect amount and should be in the amount of \$123,160.80, per the following letter:

| , <u>.</u> | ۰ ۱۰ | | | |
|--|---|---|-----------------------------------|---|
| | Gayle | Parker | | |
| P.O. BOX 998 GULFPORT, MS 39502 | CLERK OF CIRCUIT. | AND COUNTY COURTS | P.O. BOX 235 BILOXI, MS 39533 | |
| CIRCUIT COURT 865-4147 FAX 866-4009 | | | PHONE 435-8258 FAX 435-8277 | |
| VOTER REGISTRATION & MARRIAGE LICENSE 865-4005 FAX 865-4099 | () () | | | |
| COUNTY COURT 865-4010 FAX 867-6523 May 14, 2004 | | | PLEASE REPLYTO GULFPORT | |
| Harrison County I Post Office Draws Gulfport, MS 392 | | HARRISON COUNTY ECORD OF SUPERVISORS | CC: BOS co adm. | |
| <u>RE: 2003 Annu:</u> | l Financial Report | | | |
| Dear Members of | the Board: | | | - |
| The results of the | 2003 audit have shown th | e following: | | |
| amendea | 3 Annual Financial Repo I and filed with the State I 12, 2004 (see attached). | | | |

Item B

440

As a result of the recalculation, a refund in the amount of \$39,873.63 is due from the County to the Circuit Clerk's Fee Account.

If you have any questions, please do not hesitate to call.

Thanking you in advance for your assistance in this matter, I am

Sincerely,

Gayle Parker Harrison County Circuit Clerk

GP/cl cc Hon. John McAdams Chancery Clerk

Supervisor LARRY BENEFIELD seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the

Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* *

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER AUTHORIZING PAYMENT OF \$39,873.63 TO GAYLE PARKER, CIRCUIT CLERK PER 2003 AMENDED ANNUAL FINANCIAL REPORT

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY AUTHORIZE payment of \$39,873.63 to Gayle Parker, Circuit Clerk per 2003 Amended Annual Financial Report.

Supervisor WILLIAM M. MARTIN seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

*

*

THIS, the 24th day of May 2004.

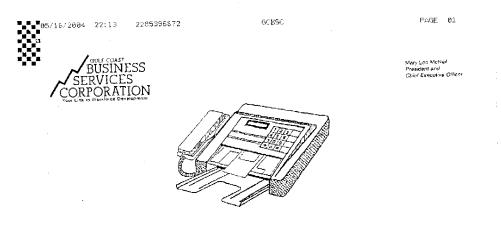
Supervisor WILLIAM M. MARTIN moved adoption of the following:

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All All and the second second

ORDER APPROVING LOCAL AREA 6'S REQUEST FOR CASH PROGRAM YEARS 2001, 2002 & 2003 NUMBERS 38, 39, 22, 4 AND 5 FOR \$22,500.00, \$15,893.30, \$233.950.00 AND \$239,150.00 RESPECTIVELY TO BE PAID UPON RECEIPT OF FUND

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE Local Area 6's Request for Cash Program Years 2001, 2002 & 2003 Numbers 38, 39, 22, 4 and 5 for \$22,500.00, \$15,893.30, \$233.950.00 and \$239,150.00 respectively to be paid upon receipt of fund, same being as follows:



FACSIMILE MESSAGE COVER SHEET

PAM ULRICH (865-4162)

HARRISON COUNTY BOARD OF SUPERVISORS ADMINISTRATOR

FROM: LESLIE LADNER

TO:

TOTAL NUMBER OF PAGES _7_(INCLUDING COVER SHEET)

□ COPY (ORIGINAL WILL FOLLOW BY MAIL ☑ NO COPY WILL BE MAILED

COMMENTS: <u>PLEASE FIND FOR YOUR REVIEW A COPY OF "LOCAL AREA 6'S</u> <u>REQUEST FOR CASH PROGRAM YEAR 2001, 2002 & 2003 38, 39, 22, 4, AND 5 FOR</u> <u>522,500.00, 522,500.00, 515,893.30, 5233,950.00, AND 5239,150.00, RESPECTIVELY.</u> <u>PLEASE BE AWARE THAT FUNDS WILL BE SENT DIRECTLY TO THE COUNTY. THE</u> <u>COUNTY SHOULD BE IN RECEIPT OF THESE FUNDS BY JUNE 3, 2004 AND JUNE 24,</u> <u>2004 RESPECTIVELY. IF NECESSARY, PLEASE HAVE THESE ITEMS LISTED ON</u> <u>THE AGENDA OF THE NEXT BOARD MEETING FOR APPROVAL OF PAYMENT. IF</u> <u>POSSIBLE, WE WOULD LIKE TO SEE THE TRANSFER OF FUNDS OCCUR WITHIN</u> <u>ONE OR TWO DAYS OF RECEIPT. PLEASE FILE ACCORDINGLY WITH WIA</u> <u>RECORDS. IF YOU HAVE ANY QUESTIONS OR NEED ANY OTHER INFORMATION</u> <u>TO ENSURE TIMELY PAYMENT. PLEASE CONTACT LESLIE LADNER AT</u> <u>LLADNER@GCBSC.COM OR (228) 519-6866.</u>

DATE: 5/17/04

12122 Нарман 49 Моли (Байрай, MS 32503 Рост Olide Box 3779, Gulipon, MS 38505-3779, (328) 539-6660, Fax (329) 539-6872 Караб и колдо архионали солдон и колдон салар на колдона солдони солдон и колдон у или волдону и и волениется GCBSC

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05/1.6/2004

REQUEST CURRENT CASH ON HAND NAME AND ADDRESS: DATE OF CASH NEED HARRISON COUNTY BOARD OF SUPERVISORS 38 6/3/2004 \$1,500.00 POST OFFICE DRAWER CC GULFPORT, MS 39502 FOR MDA USE ONLY: VENDOR #:__ FUNDS AVAILABLE: PERIOD AND AMT. OF LAST COST: LAST REQ. #:_ APPROVAL: TELEPHONE: (228) 865-4115 / (228) 539-6860 (C) CASH REQUESTED (B) (0) (E) (A) (F) AVAILABLE THIS TOTAL REQUESTED TO FUNDS REMAINING TO DATE DATE (COL. C+D) FUNDS REQUEST (COLUMN 6-C-D) FUNDING STREAM ADMINISTRATION (induites Dist. 538,584.00 538,584.00 538,584.00 0.00 Worker Will Admin.) 1,750,896.90 1,750,896,90 1,750,896.90 0.00 ADULT 1,358,505.00 1,358,505.00 1,358,505.00 0.00 YOUTH DISLOCATEO WORKERS 1,737,854.10 1,737,854.10 1,737,854.10 0.00 1,091,042.00 1,091,042.00 OISL DCATED WORKERS-WIN 1,091,042.00 0.00 0.00 0.00 0.00 INCENTIVE 774,329.00 713,065.44 22,500.00 735,565.44 38,763.56 WINNOVATION 100,000.00 59,922.11 59,922.11 40,077.89 RAPID RESPONSE 7,249,869.55 78,841.45 TOTAL FOR PY 7,351,211.00 22,500.00 7,272,369.55

LOCAL AREA'S WIA REQUEST FOR CASH PROGRAM YEAR 2001 LOCAL AREA # 6

HEREBY CERTIFY THAT (a) The services covered by this request have not been inceived from the Federal Government or expended for such services under any other contract ent; (b) the amount(s) requested will be expended for allowable cost/expenditures under the terms of the contract agreement or grant; (c) amounts requested herein do not exceed the total funds obligated by contract; and (d) funds are requested for only immediate disbursement needs.

لاهع

Signature of Authorized Official

অ

5/17/2004 L. LADNER Oale Signed Prenared By

LESLIE LADNER, VICE PRESIDENT OF FINANCE yped Neme and Title of Authorized Official

| 5/17/2004 | (226) 539-6866 | |
|---------------|-------------------------|--|
| Cate Prepared | Telephone d of Preparer | |

63 PAGE

NAME AND ADDRESS:

GCBSC

2285396872 22:13 05/16/2004

| NAME AND ADDRESS: | | | REQUEST | DATE OF CASH NEED | CURRENT CASH ON H |
|--|------------------------------------|-------------------------------------|--|--|-------------------|
| HARRISON COUNTY BOARD | OF SUPERVISORS | | 39 | 6/24/2004 | \$1,500.00 |
| POST OFFICE DRAWER CC | | | | | |
| GULFPORT, MS 39502 | | | | FOR MDA USE ONLY: | |
| | | | VENDOR #: | · | |
| | | | FUNDS AVAILABLE: PERIOD AND AMT. OF LAS | - | |
| | | | | | |
| | | | LAST REQ. #. | | |
| TELEPHONE: (228) 855-4116 / (228) : | 539-6660 | | APPROVAL: | | |
| (A) | (8) | <u>(C)</u> | (D) | (E) | (F) |
| | AVAILABLE | CASH REQUESTED | THIS | TOTAL REQUESTED TO DATE (COL, C+D) | FUNDS REMAININ |
| FUNDING STREAM | FUNDS | TO DATE | REQUEST | DATE (COL. C+D) | (COLUMIN B-C-D |
| Worker WIN Admin.) | 538,584.00 | 538,584.00 | | 538,584.00 | |
| ADULT | 1,750,896.90 | 1,750,896,90 | | 1,750,896.90 | _ |
| толтн | 1,358,505.00 | 1,358,505.00 | | 1,358,505.00 | |
| | 1,737,854.10 | 1,737,854.10 | | 1,737,854.10 | |
| DISLOCATED WORKERS-WIN | 1,091,042.00 | 1,091,042.00 | | 1,091,042.00 | |
| NCENTVE | | _0.00 | | 0.00 | |
| WINNOVATION | 774,329.00 | 735,565.44 | 22,500.00 | 758,065.44 | 16,26 |
| RAPID RESPONSE | 100,000.00 | 59,922.11 | | 59,922.11 | 40,07 |
| TOTAL FOR PY | 7,351,211.00 | 7,272,369.55 | 22,500.00 | 7,294,869.55 | 56,34 |
| I HEREBY CERTIFY THAT (a) The se | rvices covered by this request he | we not been received from the Fed | eral Government or expended for su | ich sarvices untier any other contract | ι <u> </u> |
| agreement or gracit; (b) the emount(s) (| | | | | |
| (c) amounts requested herein do noi ex | roced the total tunds obligated by | contract; end (d) funds are request | ed for only immediate disbursement, | nseds, | |
| Leslis & | adiron | | 5/17/2004 | L. LADNER | |
| Signature of Authorized Official | | | Date Signed | Prepared By | |
| | | | 5/17/2004 | (228) 539-6866 | |
| LESLIE LADNER, VICE F | | | | | |

LOCAL AREA'S WIA REQUEST FOR CASH PROGRAM YEAR 2001 LOCAL AREA # 6

REQUEST #

DATE OF CASH NEED

CURRENT CASH ON HAND

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

LOCAL AREA # 6 DATE OF CASH NEED NAME AND ADDRESS: CURRENT CASH ON HAND 6/3/2004 HARRISON COUNTY BOARD OF SUPERVISORS 22 POST OFFICE DRAWER CC FOR MDA USE ONLY: GULFPORT, MS 39502 VENDOR #:____ FUNDS AVAILABLE: PERIOD AND AMT. OF LAST COST: LAST REQ. #._ TELEPHONE: (228) 865-4116 / (228) 539-6860 APPROVAL: (8) (C) (D)(E) (A) TOTAL REQUESTED TO FUNDS REMAINING AVAILABLE CASH REQUESTED THIS TO DATE REQUEST DATE (COL, C+D) (COLUMN B-C-D) FUNDS FUNDING STREAM (Includes Disl. Worker 357,393.30 352,100.00 5,293.3(357,393.30 Admin.) 1,191,683.40 1,191,683.40 1,191,683,40 ADULT 1,080,186.10 1,080,188.10 1,080,188,10 YOUTH DISLOCATED WORKERS 1,124,668.20 1,124,568.20 1,124,668.20 INCENTIVE 0.00 0.00 600,000.00 263,100.00 263,100.00 WINNOVATION 100,000.00 30,500.00 10,600.00 41,100.00 RAPID RESPONSE

HEREBY CERTIFY THAT (a) The services covered by this request have not been received from the Federal Government or expended for such services under any other contract agreement or grant; (b) the amount(s) requested will be expended for allowable cost/expenditures under the terms of the contract agreement or grant;

4,042,239.70

(c) amounts requested herein do not exceed the lotal funds obligated by contract; and (d) funds are requested for only immediate disbursement needs.

4,453,933.00

LOCAL AREA'S WIA REQUEST FOR CASH

PROGRAM YEAR 2002

AOT and

TOTAL FOR PY

Signature of Authorized Officia

5/17/2004 L LADNER

15,893,30

LESLIE LADNER, VICE PRESIDENT OF FINANCE Typed Name and Title of Authorized Official

| 0/1//2004 | L. LAUREN |
|---------------|-------------------------|
| Date Signed | Prepared By |
| 5/17/2004 | (228) 539-6866 |
| Date Presared | Telephone & of 2 answer |

4,058,133.00

\$1,500.00

(F)

0.00

0.00

0,00

0.00

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336,900.00

58,900.00

395,800.00

BOARD MINUTES OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY MINUT 2004 TERM

LOCAL AREA'S WIA REQUEST FOR CASH PROGRAM YEAR 2003 LOCAL AREA # 6

PAGE

| NAME AND ADDRESS: HARRISON COUNTY BOARD POST OFFICE DRAWER CC | | | 4 | DATE OF CASH NEED 6/3/2004 | CURRENT CASH ON HAND \$1,500.00 |
|--|--|----------------------------------|--|---|------------------------------------|
| GULFPORT, MS 39502 | | | | FOR MDA USE ONLY: | |
| | | | VENDOR #: FUNDS AVAILABLE: PERIOD AND AMT. OF L LAST REQ. #: | | |
| TELEPHONE: (228) 865-4116 / (228) | 539-5860 | | APPROVAL: | 4 | |
| (A) | (B) | (C) | (Ď) | (E) | (F) |
| FUNDING STREAM | AVAILABLE FUNDS | CASH REQUESTED TO DATE | THIS REQUEST | TOTAL REQUESTED TO DATE (COL. C+D) | FUNDS REMAINING (COLUMN B-C-D) |
| ADMINISTRATION | | | | | <u>`</u> |
| (includes Disl. Worker | | | | | |
| Admin.) | 289,109.90 | | 19,500.00 | , | 269,609,90 |
| ADULT | 822,562.20 | 140,000.00 | | 193,700.00 | 628,862.20 |
| YOUTH | 855,783.00 | 229,300.00 | | 276,650.00 | 579,133.00 |
| DISLOCATED WORKERS | 923,643.90 | 140,000.00 | 113,400.00 | 253,400.00 | 670,243.90 |
| INCENTIVE | | | | 0.00 | 0.00 |
| WINNOVATION | | | | 0.00 | 0.00 |
| RAPID RESPONSE | | | | 0.00 | 0.00 |
| TOTAL FOR PY | 2,891,099.00 | 509,300.00 | 233,950.00 | 743,250.00 | 2,147,849.00 |
| HEREBY CERTIFY THAT (a) The sagreement or grant; (b) the zmount(s (c) amounts requested herein do not |) requested will be expended to exceed the total funds obligate | for allowable cosVexpenditures (| under the terms of the contract ag a requested for only immediate dis | preement or grant; sbursement needs. | her odntract |
| Signature of Authorized Officia | 1 | | Date Signed | Prepared By | |

LESLIE LADNER, VICE PRESIDENT OF FINANCE Typed Name and Trille of Authorized Official

(228) 539-6866 Date Prepared Telephone # of Preparer

5/17/2004

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

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LOCAL AREA'S WIA REQUEST FOR CASH PROGRAM YEAR 2003 LOCAL AREA # 6

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05/16/2004

| NAME AND ADDRESS: | | | | DATE OF CASH NEED | CURRENT CASH ON HAND |
|---------------------------------|-------------------|----------------|----------------------|--------------------|----------------------|
| HARRISON COUNTY BOAR | RD OF SUPERVISORS | | 5 | 6/24/2004 | \$1,500.00 |
| POST OFFICE DRAWER C | C | | | | |
| GULFPORT, MS 39502 | | | | FOR MDA USE ONLY: | _ |
| • | | | VENDOR #: | | |
| | | | FUNDS AVAILABLE: | | |
| | | | PERIOD AND AMT, OF L | AST COST: | · |
| | | | LAST REQ, #: | | i |
| TELEPHONE: (228) 865-4116 / (22 | 28) 539-6860 | | APPROVAL: | | |
| (A) | (8) | (C) | (D) | (E) | (F) |
| | AVAILABLE | CASH REQUESTED | THIS | TOTAL REQUESTED TO | FUNDS REMAINING |
| FUNDING STREAM | FUNDS | TO DATE | REQUEST | DATE (COL, C+D) | (COLUMN B-C-D) |
| ADMINISTRATION | | | | | |
| (includes Disl. Worker | | | | | |
| Admin.) | 289,109.90 | 19,500.00 | | | 245,009.90 |
| ADULT | 822,562.20 | 193,700:00 | 53,800.00 | 247,500.00 | 575,062.20 |
| YOUTH | 855,783.00 | 276,650.00 | 47,350.00 | 324,000.00 | 531,783.00 |
| DISLOCATED WORKERS | 923,643.90 | 253,400.00 | 113,400.00 | 366,800.00 | 556,843.90 |
| INCENTIVE | | | | 0.00 | 0.00 |
| WINNOVATION | | | | 0.00 | 0.00 |
| RAPID RESPONSE | | | | 0.00 | 0.00 |
| | 2,891,099.00 | 743.250.00 | 239,150.00 | 982,400.00 | 1.906.699.00 |

5/17/2004

Date Prepared

(228) 539-6866

Telephone # of Preparer

LESLIE LADNER, VICE PRESIDENT OF FINANCE

Typed Name and Title of Authorized Official

| | Administration \$0.10 | Adult \$0.31 | Youth \$0.30 | D.W. \$0.29 | DW-WIN | Winnovation | RR | Total \$1.00 |
|-------------------------|--------------------------|-----------------|-----------------|----------------|----------------------|--------------|---------------|-----------------|
| | \$538,584.00 | - | | \$1,737,854.10 | 64 004 043 00 | | | |
| Expenditures to Date 01 | | | | | \$1,091,042.00 | \$713,022.51 | \$59,922.11 | |
| Expenditures to Date 02 | \$375,393.30 | \$1,191,633,40 | | | \$229,225.95 | | \$41,087.12 | \$4,024,246.07 |
| Expenditures to Date 03 | \$148,648,12 | \$226,269.89 | \$276,038.20 | \$120,815.49 | | | | \$771,771.70 |
| LESS: ACCRUALS | | -\$423,572.48 | -\$196.00 | -\$413,506.70 | | | | -\$837,275.18 |
| PLUS PREPAID RENT | -\$192,344.54 | \$96,172.27 | | \$96,172.27 | | | | \$0,00 |
| \$192,344.54 | | | | | | | | |
| TOTAL EXPENDITURES | \$870,280.88 | \$2,841,449.98 | \$2,714,535.30 | \$2,648,003.36 | \$1,320,267.95 | \$713,022.51 | \$101,009.23 | \$11,206,569.21 |
| | | | | | | | | |
| Requests to Date 01 | \$538,584.00 | | | \$1,737,654.10 | \$1,091,042.00 | \$713,065.44 | \$59,922.11 | \$7,249,869.55 |
| Requests to Date 02 | \$352,100.00 | \$1,191,683.40 | \$1,080,188.10 | \$1,124,668.2D | \$263,100.00 | \$0.00 | \$30,500.00 | \$4,042,239,70 |
| Requests to Date 03 | | \$140,000.00 | \$229,300.00 | \$140,000.00 | | | | \$509,300.00 |
| · | | | | | | | | |
| TOTAL REQUESTS | \$890,684.00 | \$3,062,580.30 | \$2,667,993.10 | \$3,002,522.30 | \$1,354,142.00 | \$713,055,44 | \$90,422.11 | \$11,801,409,25 |
| | | | | | | | | |
| Difference | -\$20,403,12 | -\$241,130.32 | \$46,542,20 | -\$354,518,94 | -\$33,874.05 | -\$42,93 | \$10,587.12 | -\$592,840,04 |
| 2400000 | | | . , | | | • | •·••• | • |
| Additonal \$ Needed: | | | | | | | | |
| Abdicate + Hooses. | | | | | | | | |
| A/P Distributed in MAY | | \$8,491.00 | \$275.00 | \$5,699.00 | | | | \$14,465.00 |
| Pooled Expenses | \$1,359.64 | \$4,215.49 | 54.079.51 | \$3,943,52 | | \$0,00 | | \$13,598,35 |
| | | \$88,660.00 | \$85,800.00 | \$82,940.00 | | | 5 0.00 | |
| Invoices On Hand | \$28,600.00 | | | | 66 6 7 | \$0.0D | \$0.00 | \$286,000,00 |
| P/R - MAY/ JUNE | \$20,000.00 | \$62,000.00 | \$60,000,00 | \$58,090.00 | \$0.00 | \$0.00 | \$0.02 | \$200,000,00 |
| Severance Package | \$22,000.00 | \$68,200.00 | \$66,000.00 | \$63,800.00 | | \$0.0D | | \$220,000.00 |
| General Expenses - June | \$5,000.00 | \$15,500.00 | \$15,000.00 | \$14,500.00 | | \$0.03 | \$0.00 | \$50,000.00 |
| Burton Computer | | \$1,500.00 | \sim | \$1,500.00 | | | | \$3,000_00 |
| Center for Workforce | | | | \$0.00 | | | | \$0,00 |
| ETI-MAY/JUNE | | | \$49,000.00 | 1 | | | | \$40,000.00 |
| | | | | 17 | | | | \$0.00 |
| GCCAA - MAY/JUNE | | | \$44,000.00 | - | | | | \$44,000,00 |
| IAM Cares - MAY JUNE | | | \$38,000,00 | | | | | \$38,000,00 |
| | | | 400,000.00 | | | | | \$0,00 |
| USM - MAY/ JUNE | | | | | | \$45,000.00 | | \$45,000,00 |
| USW-MICH JOINE | | | | | | 440,000.00 | | |
| 100000 11/11/ | | \$7,500.00 | | \$7,500.00 | | | • | \$0,00 |
| MGCCC - WIN | | \$1,200,00 | | \$7,500.00 | | | | \$15,000.00 |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| LEAVE | \$2,000.00 | \$6,200.00 | \$6,000,00 | \$5,800.00 | \$0.00 | \$0.DD | \$0.00 | \$20,000.00 |
| ADVANCES | | | | \$0.00 | | | | \$0,00 |
| 0/5 | | | | | | | | \$D,00 |
| SS Payments | | \$15,000.00 | | \$15,000.00 | | | | \$30,000.00 |
| | | | | | | \$0.00 | | |
| ITA's / OJT June | | \$100,000.00 | | \$100,000.00 | | | | \$200,000.00 |
| | | | | | • | | | |
| | | | | | | | | |
| Cash On Hand | -\$9,250.00 | -\$28,575,00 | -\$27,750.00 | -\$26,825.00 | \$0.0D | \$0.00 | \$0.00 | -\$92,500.00 |
| Cash Needed | \$49,306.72 | \$107,461,17 | \$377,946.71 | -\$22,661.42 | -\$33,874.05 | \$44,857.07 | \$10,587.12 | \$533,723,31 |
| | · ········· | | | | | | 0.0001.12 | |
| 6/3/2004 | \$24,700.00 | \$53,700.00 | \$189,000,00 | -\$11,300.00 | -\$16,900.00 | \$22,500.00 | \$5,300.00 | \$257,000.00 |
| 6/24/2004 | \$24,600.00 | \$53,800.00 | \$188,900.00 | -\$11,400,00 | -\$17,000,00 | \$22,500.00 | \$5,300.00 | \$265,700.00 |
| 0)24(2004 | \$49,300,00 | \$107,500,00 | \$377,900.00 | \$22,700.00 | -\$33,990,00 | | • • • | |
| • | 942,300.00 | a (07,000,00 | 9911,900.00 | -922,100,00 | -033,800,00 | \$45,000.00 | \$10,600.00 | \$533,700.00 |
| | | | | | | | | |

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Supervisor **CONNIE M. ROCKCO** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* * *

| ······· | | LOCAL AREA'S WA M | ONTHLY REPORT | ING WORKSHEET | | | | |
|---------------------------------------|------------------------------------|--|---------------------------|--|---------------------------------|--|--|--|
| Local Workforce Investment Area VI | | PRC | OGRAM YEAR 2001 | 1 | | | | |
| Harrison County Board of Supervisors | FOR THE PERIOD ENDING 04/30/04 | | | | | | | |
| Honorable Bobby Eleuterius | | | | | | | | |
| Gulf Coast Workforce Area | ALTERNATE SIGNATORY: Jerry Padgett | | | | | | | |
| Post Office Drawer CC | | | | | | | | |
| Gullport, MS 39502 | В | С | D | E | F | | | |
| Telephone #: (228)539-6866 / 865-4116 | | PRIOR CUM. COST | CURRENT | CUMULATIVE COST | UNLIQUIDATED | | | |
| | AVAILABLE | REPORTED TO DATE | PERIOD | REPORTED | OBLIGATIONS | | | |
| FUNDING STREAM | FUNDS | 3/31/2004 | COST | TO DATE | (B-E) | | | |
| ADMINISTRATION: | | | | | | | | |
| F01 10% MAX, FEDERAL ADMIN | 538,584.00 | 538,584.00 | 0.00 | 538,584.00 | 0.00 | | | |
| PROGRAM INCOME | | 0.00 | 0.00 | 0.00 | | | | |
| ADULTS | | | | | | | | |
| FEDERAL FUNDS ALLOCATED | 1,265,751.00 | | | | | | | |
| FED. FUNDS TRANSFERRED TO/FROM DW | 611,721.00 | | | | | | | |
| SUBTOTAL | 1,877,472.00 | the second s | | | | | | |
| TOTAL AMOUNT OF ADULT FLINDS TO ADM/N | -126,575.10 | And the second se | | | | | | |
| F02 TOTAL ADULTS AVAILABLE | 1,750,896.90 | 1,750,896.90 | 0.00 | 1,750,896.90 | 0.00 | | | |
| PROGRAM INCOME | | 0.00 | 0.00 | 0.00 | | | | |
| YOUTH | | <u>.</u> | | | | | | |
| FEDERAL FUNDS ALLOCATED | 1,509,450.00 | Diversity of the second s | | | | | | |
| TOTAL AMOUNT OF YOUTH FUNDS TO ADMIN | <u>-150,945.00</u> | Network and the second as the fact of the second | | | | | | |
| SUBTOTAL | 1,358,505.00 | | | | | | | |
| F04 IN-SCHOOL Summer Youth | 414,807.35 | | 0.00 | 414,807.35 | د. همانه در از میرو کروهد | | | |
| IN-SCHOOL Other Youth | 196,519.90 | | 0.00 | 196,519.90 | | | | |
| TOTAL IN-SCHOOL | 611,327.25 | 611,327.25 | 0.00 | 611,327.25 | | | | |
| | | | | | | | | |
| F05 OUT OF SCHOOL Summer Youth | 30,000.00 | | 0.00 | | | | | |
| OUT OF SCHOOL Other Youth | 717,177.75 | | 0.00 | | | | | |
| TOTAL OUT OF SCHOOL -30% MIN. | 747,177.75 | | 0.00 | | | | | |
| TOTAL YOUTH AVAILABLE | 1,358,505.00 | | 0.00 | <u> </u> | 0.00 | | | |
| PROGRAM INCOME | | 0.00 | 0.00 | 0.00 | <u>의 전체 관련</u> | | | |
| · | | and the dealers of the state | والمحادثين والمحاد والمعر | | en lataret (j. 18. grafie d | | | |
| DISLOCATED WORKERS | | | | | ويعرف متعقبي فالمتعادين | | | |
| FEDERAL FUNDS ALLOCATED | 3,701,661.00 | 10. 10 miles to 1 to 1 to 1 to 1 2 to 1 to 1 to 1 to | | تىر. مىر د ـــــــــــــــــــــــــــــــــــ | | | | |
| FED. FUNDS TRANSFERRED TD/FROM ADULT | -611,721.00 | ······································ | | <u></u> | | | | |
| SUBTOTAL | 3,089,960.00 | فالونسين ويستحدث وسيبية ومستوسط | ميد مع شيد مع مع م | | ر بن بن بين مربعة م الم الم الم | | | |

-261,063.90

MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Supervisor WILLIAM M. MARTIN moved adoption of the following:

ORDER ACKNOWLEDGING RECEIPT OF LOCAL AREA 6'S REPORTING WORKSHEETS FOR MONTH ENDING APRIL 30, 2004

Board does HEREBY ACKNOWLEDGE receipt of Local Area 6's reporting worksheets for month ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

ending April 30, 2004.

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| NON-WINNOVATION DISLOCATED WORKERS | 1,737,854.10 | | | | |
|------------------------------------|--------------|---|-----------|--------------|-----------|
| FOG TOTAL DISLOCATED WORKERS | 2,828,896.10 | 2,826,896.10 | 0.00 | 2,828,896.10 | 0.00 |
| PROGRAMINCOME | | 0.00 | 0.00 | 0.00 | |
| WINNOVATION: | | ر میں ایک میں | | | |
| ADMINISTRATION | | 0.00 | 0.00 | 0.00 | |
| PLANNING | | 0.00 | 0.00 | 0.00 | |
| IMPLEMENTATION | 774,329.00 | 713,022.51 | 33,805.12 | 746,827.63 | |
| OVERSIGHT/EVALUATION | 0.00 | 0.00 | 0.00 | 0.00 | |
| F08 TOTAL WINNOVATION AVAILABLE * | 774,329.00 | 713,022.51 | 33,805.12 | 746,827.63 | 27,501.37 |
| PROGRAM INCOME | 0.00 | 0.00 | 0.00 | 0.00 | |
| RAPID RESPONSE | 100,000.00 | 59,922.11 | 0.00 | 59,922.11 | 40,077.89 |
| PROGRAM INCOME | 0.00 | 0.00 | 0.00 | 0.00 | |
| GRAND TOTAL BY COLUMN | 7,351,211.00 | 7,249,826.62 | 33,805.12 | 7,283,631.74 | 67,579.26 |

| ACCRUED VS. CASH COST REPORT SUMMARY | | | | | |
|--------------------------------------|----------------------------------|---------------|---|--|--|
| FUNDING STREAM | TOTAL CASH OUTLAYS TO DATE | ACCRUED COSTS | CUMULATIVE COST REPORTED TO DATE (should equal Column E above) | | |
| ADMINISTRATION | 538,584.00 | | 538,584.00 | | |
| ADULT | 1,750,896.90 | | 1,750,896.90 | | |
| YOUTH | 1,358,505.00 | | 1,358,505.00 | | |
| DISLOCATED WORKER | 2,828,896.10 | | 2,828,896.10 | | |
| WINNOVATION | 746,827.63 | | 746,827.63 | | |
| RAPID RESPONSE | 59,922.11 | | 59,922.11 | | |
| TOTAL BY COLUMN | 7,283,631.74 | 0.00 | 7,283,631.74 | | |

THE SIGNER OF THIS DOCUMENT CERTIFIES THAT REPORTED COST IS CALCULATED ON AN ACCRUAL BASIS WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. FINAL AUDIT OF PROJECT(S) WILL INCLUDE VERIFICATION OF ABOVE CLAIMED COST FROM THE LOCAL AREA'S SOURCE RECORDS.

SIGNATURE OF AUTHORIZED OFFICIAL

5/13/2004 DATE

MDA REVIEW

*NOTE: Expenditures for Dislocated Worker WINnovation, Dislocated Worker Administration, and WINnovation must be reported on separate itemized lists. These lists must accompany this worksheet,

-Grant has been closed

UN CN BOARD OF SUPERVISORS, MINUTES ISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

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| | | LOCAL AREA'S WIA N | | | | | | |
|---------------------------------------|------------------------------------|--|------------------------------|--|-----------------|--|--|--|
| Local Workforce Investment Area VI | PROGRAM YEAR 2002 | | | | | | | |
| Harrison County Board of Supervisors | FOR THE PERIOD ENDING 04/30/04 | | | | | | | |
| Honorable Bobby Eleuterius | | | | | | | | |
| Gulf Coast Workforce Area | ALTERNATE SIGNATORY: Jerry Padgett | | | | | | | |
| Post Office Drawer CC | | | | | | | | |
| Gulfport, MS 39502 | В | <u> </u> | D | <u> </u> | F | | | |
| Telephone #: (228)539-6866 / 865-4116 | | PRIOR CUM. COST | CURRENT | CUMULATIVE COST | UNLIQUIDATEI | | | |
| | AVAILABLE | REPORTED TO DATE | PERIOD | REPORTED | OBLIGATIONS | | | |
| FUNDING STREAM | FUNDS | 3/31/2004 | COST | TO DATE | <u>(B-E)</u> | | | |
| ADMINISTRATION: | | | | | | | | |
| F01 I0% MAX_FEDERAL ADMIN | 375,393.30 | 375,393.30 | 0.00 | 375,393.30 | 0.0 | | | |
| | 186.09 | 186.09 | 0.00 | 186.09 | | | | |
| ADULTS | <u> </u> | | | n an | | | | |
| FEDERAL, FUNDS ALLOCATED | 1,024,198.00 | ا. موجد مرجد معرف معرف معرف معرف معرف معرف معرف معرف | | <u>la</u> | | | | |
| FED. FUNDS TRANSFERRED TO/FROM DW | 269,905.20 | | | | | | | |
| SUBTOTAL | 1,294,103.20 | processing the state of the sta | | | | | | |
| TOTAL AMOUNT OF ADULT FUNDS TO ADMIN | (102,419.80) | | <u></u> | | | | | |
| F02 TOTAL ADULTS AVAILABLE | 1,191,683.40 | 1,191,683.40 | 0.00 | 1,191,683.40 | 0.0 | | | |
| | 1,159.61 | 1,159.61 | 0.00 | 1,159,61 | | | | |
| YOUTH | | | | | | | | |
| FEDERAL FUNDS ALLOCATED | 1,200,209.00 | | | | | | | |
| TOTAL AMOUNT OF YOUTH FUNDS TO ADMIN | (120,020.90) | <u> </u> | | | | | | |
| SUBTOTAL | 1,080,188.10 | N 200 44 | <u></u> | | | | | |
| F04 IN-SCHOOL Summer Youth | 91,728.11 | 91,728.11 | 0.00 | 91,728.11 | ارى بىلى شە ئە | | | |
| IN-SCHOOL Other Youth | 232,771.89 | 232,771.89 | 0.00 | 232,771.89 | | | | |
| TOTAL IN-SCHOOL | 324,500.00 | 324,500.00 | 0.00 | | | | | |
| | <u> </u> | <u></u> | | | | | | |
| F05 OUT OF SCHOOL Summer Youth | 0.00 | 0.00 | 0.00 | 0.00 | ليتناب المتجنسة | | | |
| OUT OF SCHOOL Other Youth | 755,688.10 | 755,688.10 | 0.00 | 755,688.10 | | | | |
| TOTAL OUT-OF-SCHOOL -30% MIN. | 755,688.10 | 755,688.10 | 0.00 | 755,688.10 | | | | |
| TOTAL YOUTH AVAILABLE | 1,090,188.10 | 1,080,188.10 | 0.00 | 1,080,188,10 | 0.0 | | | |
| PROGRAM INCOME | 1,307.98 | 1,307.98 | 0.00 | 1,307.98 | | | | |
| | | | | | | | | |
| DISLOCATED WORKERS | 2 420 505 00 | | | | | | | |
| FEDERAL FUNDS ALLOCATED | 2,129,526.00 | | | | | | | |
| FED. FUNDS TRANSFERRED TO/FROM ADULT | (269,905.20) | | | <u>.</u> | | | | |
| | 1,859,620.80 | | | | | | | |
| TOTAL AMOUNT OF DW FUNDS TO ADMIN | (152,952.60) | and the second | رىمىيە بىر يېزىرمەندا تورىيە | · · · · · · · · · · · · · · · · · · · | | | | |

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| WINNOVATION DISLOCATED WORKERS | 600,000.00 | | | | $= \sum_{\substack{i=1,\dots,n\\ i \neq j}} \sum_{\substack{i=1,\dots,n\\ i \neq j}}^{n} e^{-i i - i - i - i - i - i - i - i - i - $ |
|--|--------------|---|----------|--------------|--|
| F06 TOTAL DISLOCATED WORKERS AVAILABLE | 1,706,668.20 | 1,335,894.15 | 4,051.25 | 1,339,945.40 | 366,722,80 |
| PROGRAM INCOME | 2,336.41 | 2,336.41 | 0.00 | 2,336.41 | |
| WINNOVATION: | | میں | | | |
| ADMINISTRATION | 0.00 | 0.00 | 0.00 | 0.00 | |
| PLANNING | 0.00 | 0.00 | 0.00 | 0.00 | |
| IMPLEMENTATION | 0.00 | 0.00 | 0.00 | 0.00 | |
| OVERSIGHT/EVALUATION | 0.00 | 0.00 | 0.00 | 0.00 | |
| F08 TOTAL WINNOVATION AVAILABLE * | 0.00 | 0.00 | 0.00 | 0.00 | |
| PROGRAM INCOME | 0.00 | 0.00 | 0.00 | 0.00 | |
| RAPID RESPONSE | 100,000.00 | 41,087.12 | 5,324.48 | 46,411.60 | 53,588.40 |
| | 0.00 | 0.00 | 0.00 | 0.00 | and the second second |
| GRAND TOTAL BY COLUMN | 4,458,923.09 | 4,029,236.16 | 9,375.73 | 4,038,611.89 | 420,311.20 |
| | 4,990.09 | | | | 420,311.20 |

ACCRUED VS. CASH COST REPORT SUMMARY

| FUNDING STREAM | TOTAL CASH OUTLAYS TO DATE | ACCRUED COSTS | CUMULATIVE COST REPORTED TO DATE (should equal Column E above) |
|-------------------|----------------------------------|---------------|---|
| ADMINISTRATION | 365,505.89 | 10,073.50 | 375,579.39 |
| ADULT | 1,094,335.16 | 98,507,85 | 1,192,843.01 |
| YOUTH | 1,081,496.08 | | 1,081,496.08 |
| DISLOCATED WORKER | 1,110,469.10 | 231,812,71 | 1,342,281.81 |
| WINNOVATION | 0.00 | | 0.00 |
| RAPID RESPONSE | 46,411.60 | | 46,411.60 |
| TOTAL BY COLUMN | 3,698,217.83 | 340,394.06 | 4,038,611.89 |

THE SIGNER OF THIS DOCUMENT CERTIFIES THAT REPORTED COST IS CALCULATED ON AN ACCRUAL BASIS WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. FINAL AUDIT OF PROJECT(S) WILL INCLUDE VERIFICATION OF ABOVE CLAIMED COST FROM THE LOCAL AREA'S SOURCE RECORDS.

٥O SIGNATURE OF AUTHORIZED OFFICIAL

5/13/2004 DATE

MDA REVIEW

***NOTE:** Expenditures for Dislocated Worker WINnovation, Dislocated Worker Administration, and WINnovation must be reported on separate itemized lists. These lists must accompany this worksheet.

| Harr | al Workforce Investment Area VI rison County Board of Supervisors norable Bobby Eleuterius | | | IONTHLY REPORT DGRAM YEAR 2001 PERIOD ENDING C | 3 | |
|------|--|---------------------------------------|--|--|--|------------------------------------|
| Gul | f Coast Workforce Area | ALTERNATE SIGNATORY: Jerry Padgett | | | | |
| 1 | st.Office Drawer CC | | | <u> </u> | _ | - |
| | fport, MS 39502 | 8 | <u> </u> | <u>0</u> | E | F |
| Tele | phone #: (228)539-6866 / 865-4116 FUNDING STREAM | AVAILABLE FUNDS | PRIOR CUM. COST REPORTED TO DATE 3/31/2004 | CURRENT PERIOD COST | CUMULATIVE COST REPORTED TO DATE | UNLIQUIDATE OBLIGATION (B-E) |
| ADM | INISTRATION: | | 0/01/2004 | | | |
| | 10% MAX -FEDERAL ADMIN | 289,109.90 | 148,648,12 | 12,251.30 | 160,899.42 | 128,210. |
| | | | 0.00 | 0.00 | 0.00 | |
| ADUL | TS | | | | | |
| | FEDERAL, FUNDS ALLOCATED | 913,958.00 | | | | |
| Í | FED. FUNDS TRANSFERRED TO/FROM DW | 0.00 | | | | |
| | SUBTOTAL | 913,958.00 | | | | |
| | TOTAL AMOUNT OF ADULT FUNDS TO ADMIN | (91,395.80) | | | <u> </u> | |
| F02 | TOTAL ADULTS AVAILABLE | 822,562.20 | 226,269.89 | 414,645.19 | 640,915.08 | 181,647. |
| | PROGRAM INCOME | | 0.00 | 0.00 | 0.00 | س معرف مشالير رير بيب |
| YOU | | · · · · · · · · · · · · · · · · · · · | <u></u> | | | |
| f | FEDERAL FUNDS ALLOCATED | 950,870.00 | | | | |
| | TOTAL AMOUNT OF YOUTH FUNDS TO ADMIN | (95,087.00) | <u> </u> | | • | |
| { | | 855,783.00 | 0.00 | | 0.00 | |
| FD4 | IN-SCHOOL Summer Youth | 25,000.00 | 0.00 | 6,144.51 | 0.00 | |
| 1 | IN-SCHOOL Other Youth | 85,578.30 | 14,916.88 | 6,144.51 | 21,061.39 | |
| 1 | TOTAL IN-SCHOOL | 00,010.30 | 14,910.00 | 0,144.5.1 | 21,001.39 | |
| EOF. | OUT OF SCHOOL Summer Youth | 30,000.00 | 0.00 | 0.00 | 0.00 | |
| rus. | OUT OF SCHOOL Stimmer Youth | 740,204,70 | 261,121.32 | 72,002.47 | 333,123.79 | in the second |
| 1 | TOTAL OUT-OF-SCHOOL-30% MIN. | 770,204.70 | 261,121.32 | 72,002.47 | 333,123,79 | |
| 1 | TOTAL YOUTH AVAILABLE | 855,783.00 | 276.038.20 | 78,146,98 | 354,185.18 | 501,597. |
| 1 | PROGRAM INCOME | | 0.001 | 0.00 | 0.00 | |

A NUMBER OF A DAMAGE

| | NE CASH COST | DEDODT OUR | | | • |
|--|--------------|------------|------------|--|-------------------|
| | 0.00 | | | | 1,453,072.84 |
| GRAND TOTAL BY COLUMN | 2,891,099.00 | 771,771.70 | 666,254.46 | 1,438,026.16 | 1,453,072.84 |
| PROGRAM INCOME | 0.00 | 0.00 | 0.00 | 0.00 | |
| RAPIO RESPONSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| PROGRAM INCOME | 0.00 | 0.00 | 0.00 | 0.00 | 1. S. S. S. S. S. |
| F08 TOTAL WINNOVATION AVAILABLE * | 0.00 | 0.00 | 0.00 | 0.00 | |
| OVERSIGHT/EVALUATION | 0.00 | 0.00 | 0.00 | 0.00 | |
| IMPLEMENTATION | 0.00 | 0.00 | 0.00 | 0.00 | |
| PLANNING | 0.00 | 0.00 | 0,00 | 0.00 | |
| ADMINISTRATION | 0.00 | 0.00 | 0.00 | 0,00 | |
| WINNOVATION: | | | | | |
| PROGRAM INCOME | | 0.00 | 0.00 | 0.00 | |
| -06 TOTAL DISLOCATED WORKERS AVAILABLE | 923,643.90 | 120,815.49 | 161,210.99 | 282,026.48 | 641,617,42 |
| WINNOVATION DISLOCATED WORKERS | | | | | |
| NON-WINNOVATION DISLOCATED WORKERS | 923,643.90 | | | | |
| TOTAL AMOUNT OF DW FUNDS TO ADMIN | (102,627.10) | | | <u> 2016년</u> 전 1917년 1917 | |

| AC | ACCRUED VS. CASH COST REPORT SUMMARY | | | | | |
|---------|--------------------------------------|---------------|-------------------------------|--|--|--|
| | | | | | | |
| | TOTAL CASH | | CUMULATIVE COST REPORTED TO | | | |
| CTOCASE | OUTLAVE TO | ACCOURD COSTS | CONCLATIVE COST NET OR LED TO | | | |

| FUNDING STREAM | OUTLAYS TO DATE | ACCRUED COSTS | CUMULATIVE COST REPORTED TO DATE (should equal Column E above) |
|-------------------|--------------------|---------------|---|
| ADMINISTRATION | 0.00 | 160,899.42 | 160,899.42 |
| ADULT | 0.00 | 640,915.08 | 640,915.08 |
| YOUTH | 300,609.78 | 53,575.40 | 354,185.18 |
| DISLOCATED WORKER | 0.00 | 282,026.48 | 282,026,48 |
| WINNOVATION | 0.00 | | 0.00 |
| RAPID RESPONSE | 0.00 | | 0.00 |
| TOTAL BY COLUMN | 300,609.78 | 1,137,415.38 | 1,438,026.16 |

THE SIGNER OF THIS DOCUMENT CERTIFIES THAT REPORTED COST IS CALCULATED ON AN ACCRUAL BASIS WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. FINAL AUDIT OF PROJECT(S) WILL INCLUDE VERIFICATION OF ABOVE CLAIMED COST FROM THE LOCAL AREA'S SOURCE RECORDS.

1105 $\alpha \mathcal{A}$ SIGNATURE OF AUTHORIZED OFFICIAL

5/13/2004 DATE

MDA REVIEW

*NOTE: Expenditures for Dislocated Worker WINnovation, Dislocated Worker Administration, and WINnovation must be reported on congrate itemized lists These lists mil pronomonu this work

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22:05

5/16/2004

SUPPORT DOCUMENTATION TO REPORTING WORKSMEET ALLOCATION OF EXPENDITURES BY YEAR (FIFD METHOD) SULF COAST BYSINESS SERVICES CORPORATION OR THE PERIOD ENDING 643604

8

| | | | | | | (=) | | (0) | | (c) |
|--|---------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|
| PAGE | BUDGET PER | FUND | EXPENDITURES | TOTAL | 01 GRANT | DI CUP, COST | 02 GRANT | 02 CUR, COST | GRANT | CUNLCOST |
| ₫ 0 | GRANT | BALANCE | PER GA | EXPENDITURES | FUNDS | TO DATE | FUNDS | TO DATE | FUNDS | TO DATE |
| <i>10</i> ₩ | 1,203,087,20 | 614,264.21 | 469,612.51 | 1,074,876.72 | 538,564.00 | 533,584.00 | 375,393.30 | 375,393,30 | 259,109,90 | 182,853,43 |
| VOULT | 3,765,142.50 | 2,541,97030 | 1,0<1,525.06 | | 1,750,896.90 | | 1,191,663,40 | | 822,562,20 | 640,915.00 |
| YOUTH US | 1.021.405.55 | 846,953,57 | 109,524.97 | 956,858,64 | 61*,327.25 | 611,327,25 | 324,560.03 | 324,500,00 | 65,578,30 | 21,051,35 |
| YOUTH O/S | 2.273.070.55 | 1,178,766,14 | 657,223.50 | 1.635,989,64 | 747,177.75 | 747,177,75 | 755,688.10 | 755,698,10 | 720,254.70 | 335,123,79 |
| DISLOCATED | 3,768,165,20 | 2,320,636,35 | 605,912,43 | 3,126,548,78 | 1,737,854.10 | 1 737,654 10 | 1,106,658,20 | 1,105,668.20 | 923,643.90 | 282,026 44 |
| DISLOCATED - WIN | 1.691.042.00 | 1,051,042.00 | 233,277.20 | 1,324,319.20 | 1,091,042.00 | 1,035,042.00 | 660,000.00 | 233,277,20 | | 0.00 |
| VAPID RESPONSE | 200,000,00 | 60,282.11 | 46,051,69 | 106,333.71 | 100,000,60 | 59,922.11 | 100,000.00 | 45,411,60 | | 0.00 |
| MNnovations | 774,323.00 | 673,181.23 | 73,645,40 | 746,627,63 | 774,329.00 | 745,827.63 | 0.00 | 0.00 | | 0.00 |
| TOTALS | 14,695,243.00 | 9,327,105.01 | 3,428,173,59 | 12,755,229,70 | 7,351,211.00 | 7,283,631,74 | 4,453,933.00 | 4,033,621,80 | 2,691,093.00 | 1,438 026.16 |
| CHECK TOTALS | 14,696,243.00 | | | 12,755,279,70 | | | | | | |
| HECK TOTAL | | | 3,257,200.77 | 12,755,279,70 | | | | | | |
| | | | | | 0.07 | 0.07 | 0.06 | 0.09 | 0.10 | 0.11 |
| Inspaid Real Check F INOGRAM INCOME | | | -170,972.92 | 0.00 | .45,051.50 | | | ÷ | | |
| .DM | 69.32 | 89.32 | | 89.32 | 89.32 | 89.32 | 0.00 | 0.00 | 0,00 | 0.00 |
| ROGRAM | 5,770,71 | 5,770,71 | | 5,770.71 | 781.62 | 783.62 | 4,990.09 | 4,930.03 | 0 03 | 0.00 |
| RAND TOTAL | 14,696,243.80 | 9,132,966.64 | 3,428,172.69 | 12,761,139.73 | 7,352,080,94 | 7,284,601,68 | 4,458,823,09 | 4,038,611,89 | 2,891,899,00 | 1,438,026,16 |

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(¢) CDST FOR COST REPORTED REPORT COST REPORTED REPORT COST REPORTED REPORT 538,584.00 375,393,30 148,648.12 DW. DULT 0.60 0,00 12,251.30 1,750,896.90 0.00 1,191,683,40 0.00 226,269.R9 14,915.88 414,645,19 0.00 0.00 0.00 4,051.25 OUTHUS 611,327.25 324,503.00 6,144.51 OUTH IS OUTH OS OUTH IS OUTH OS OUTH O 747,177.75 1,737,854,10 1,091,042.00 0.00 0.00 0.00 755,669,10 261,121.32 72,002.47 1,106,668,20 229,225,95 120,815.49 0.00 161,210.99 0.00 59,922.11 0.00 41,087.12 5,324.48 0.00 0.00 713,022.51 33,805 12 0.00 0.D0 0.00 7,249,826,52 33,835.12 4,024,245.07 9,375.73 771,771.70 666,254.45 89.32 0.00 0.00 0.00 0.00 ROGRAM 780,62 0.00 4,990,09 0.00 0.00 0.00 22:08 7,250,696.56 33,605,12 4,025,235.16 8,375.73 771,771.70 656,254,45 14.696,243.00 86,79%

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Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

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Supervisor WILLIAM M. MARTIN moved adoption of the following:

ORDER APPROVING ADVERTISING COUNTY RESOURCES AS LISTED PAYABLE FROM 001-675-522

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE advertising County resources as listed payable from 001-675-522:

A) Pass Christian Historical Society in the amount of \$1,500.00

B) Goodwill Industries in the amount of \$1,500.00

C) Future Stars Baseball Camps Summer 2004 in the amount of \$1,000.00

D) Harrison Central High School Hardwood Basketball Booster Club in the amount of

\$1,000.00.

Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* *

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER CONCURRING WITH MEMA DESIGNATING THOMAS HAMMACK AS HARRISON COUNTY RADIO AMATEUR CIVIL EMERGENCY SERVICE RADIO OFFICER AND AUTHORIZING BOARD PRESIDENT TO EXECUTE DOCUMENT

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY CONCUR with MEMA designating Thomas Hammack as Harrison County Radio Amateur Civil Emergency Service Radio Officer and authorizing Board President to execute document.





RADIO AMATEUR CIVIL EMERGENCY SERVICES (RACES) RADIO OFFICER APPOINTMENT FORM

I. Kan BROWN, appoint the following individual a Radio Amateur Civil Emergency Services (RACES) Radio Officer for the county of HARRISON. This appointment is contingent upon approval of Local County Officials.

| Approved by: |
|---|
| County Official |
| |
| Amateur Radio Call sign: $\underline{W4W2F}$ |
| Full Name: HOMAS HAMMACK; |
| Street Address: <u>\$19</u> Found and Ave, |
| City: GULFPORT State: MS |
| Home Phone: (27.5) 864-4452 |
| Work Phone:() |
| Cell Phone: Pager Number: |
| Alternate Contact Number: () |
| E-mail Address: Thanmack & datasyne, cam WHULF @ AML. NET |

Mississippi RACES Officer

Date:

Original Copy to be maintained by MEMA. 1410 Riverside Drive, Suite 102 Jackson, Ms 39205

601-352-9100

Harrison County Mississippi RACES Plan

1. Introduction:

a. Scope. This plan provides guidance for the Radio Amateur Civil Emergency Service (RACES) to support local government officials during certain Emergency conditions.

b. Purpose. This plan is intended to provide coordinated operation between the Harrison County, Mississippi government officials and the RACES organization during times when there are extraordinary threats to the safety of life and/or property. Maximum benefits from a RACES organization cau be obtained only through careful planning which identifies the organizations, agencies and individuals concerned and assigns a definitive role to each. This plan enables agencies and organizations having emergency responsibilities to include the RACES organization in local emergency plans and programs.

c. Operations: Under this plan, the Harrison County Civil Defense Director or designee is empowered to request the use of Available volunteer communications facilities and personnel. Acceptance of or participation in this plan shall not be deemed as a relinquishment of license control, and shall not be deemed to prohibit an amateur radio service licensee or broadcast licensee from exercising independent discretion and responsibility in any given situation under the terms of its license.

2. Authority: Part 97 Subpart A, Federal Communications Commission Rules and Regulations.

3. Authentication: The form of authentication that will be used between the activating officials and the RACES organization is personal identification or knowledge of the individuals involved.

4. Identification: The methods used to identify a RACES member and key personnel during a communications support operation are the following:

a. Local Emergency Services Identification Card

or

b. Personal Acquaintance.

5. Implementation Procedures:

Procedures for Government Officials: Upon notification or determination of an emergency condition or situation posing an extraordinary threat to life and/or property, the Harrison County Civil Defense Director will contact the RACES Liaison Officer.

The Director of Emergency Services or designee will use a format similar to the following when contacting the RACES Liaison Officer:

"This is Linda Rouse Harrison County Civil Defense Director. I request that the RACES organization be activated for Harrison County, Mississippi because of (description of emergency situation)."

Upon conclusion of the emergency condition, a termination notice will be issued

by appropriate government officials.

b. Procedures For Amateur Radio Operators. Upon request by authorized authorities, the designated RACES member(s) will report to the EOC and activate the required emergency nets using the frequencies below:

CARES Net 146.13 input - 146.73 output FM Backup Frequency in case of repeater failure 146.73 simplex

Mississippi Section Phone. Net 3.962 Mhz. LSB Alternate Daytime Frequency 7.238 Mhz. LSB

Keesler Air Force Base Repeater 146.19 input – 146.79 output FM

Simplex

146.52 FM

RACES members without a designated assignment by the EOC network control are encouraged to check in as soon as possible.

In the event that assistance is offered by amateurs not living within the immediate area, amateurs will contact the EOC on the previously listed locally used repeater frequencies or simplex frequencies for assignment and dispatch.

At the cessation of the emergency, authorized officials initiate roll call from the EOC using any one or more of the previously listed simplex frequencies and local repeater frequencies. RACES members will then acknowledge and confirm receipt of termination message.

6. Tests. Tests of the system may include:

a. One test per week of the RACES organization.

b. Annual emergency exercises.

7, Annexes.

a. Annex A: Lists Key personnel and their telephone numbers.

b. Annex B: Lists authorized RACES Radio Frequencies.

c. Annex C: Lists RACES members and resources.

d. Annex D: Functional block diagram of agencies that interface with the emergency organization.

e. Annex E: Local Checklists.

f. Annex F: Glossary of terms.

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M , ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

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present, the President then declared the motion carried and the Order adopted.

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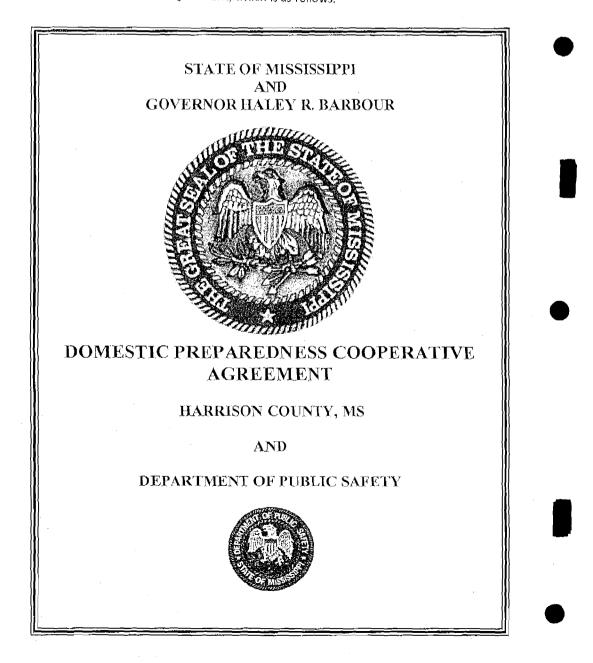
THIS, the 24th day of May 2004.

Supervisor MARLIN R. LADNER moved adoption of the following:

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ORDER APPROVINC DOMESTIC PREPAREDNESS COOPERATIVE AGREEMENT BETWEEN HARRISON COUNTY AND DEPARTMENT OF PUBLIC SAFETY TO BE USED FOR RECIONAL RESPONSE TEAM (SIX COUNTIES) IN THE AMOUNT OF \$850,000.00 AND AUTHORIZE BOARD PRESIDENT TO EXECUTE

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE Domestic Preparedness Cooperative Agreement between Harrison County and Department of Public Safety to be used for Regional Response Team (six counties) in the amount of \$850,000.00; and the Board does HEREBY AUTHORIZE the Board President to execute the agreement, which is as follows:



DOMESTIC PREPAREDNESS COOPERATIVE AGREEMENT (CA)

465

This Cooperative Agreement is entered into between the Mississippi Department of Public Safety, hereto referred to as *Grantee*, and Harrison County, Mississippi, hereto referred to as *Subgrantee*.

Article I. Purpose

The purpose of this Cooperative Agreement (CA) is to utilize 100% federal funding (no match required) provided through the Office for Domestic Preparedness to continue to enhance existing capabilities in order to continue improving the capacity within the State of Mississippi to respond to acts of domestic and international terrorism including the use of weapons of mass destruction. Department of Public Safety will accomplish this by prioritizing and facilitating the delivery and use of federal financial assistance as identified in the published Office for Domestic Preparedness Homeland Security Grant Program guidance, and enabling Subgrantee to exercise management discretion and control in achieving the specified objectives of this Cooperative Agreement within the State of Mississippi. This effort will be accomplished through the development and enhancement of a highly specialized Regional Response Team. This team will be a partnership throughout the assigned Area of Operations that is Multi-jurisdictional and Multi-disciplined. It is intended that this partnership will result in the development of a competent and sustainable system designed to provide prevention/deterrence and emergency response to a potential terrorism event within the State.

Article II. Scope of Work

The objectives and project outcomes to be accomplished during the performance period of this Cooperative Agreement will be supportive of the priorities defined in the State Homeland Security 3 – Year Strategic Plan in the form of equipment, planning, training, and exercise funding as provided in compliance with the Office for Domestic Preparedness Homeland Security Grant Program Guidance. Expenditures using Homeland Security funds must support the State Homeland Security projects, goals, and objectives as stated in the State Strategic Plan.

Article III. Period of Performance

The period of performance for this Cooperative Agreement shall begin on the date of acceptance of the **SUB-GRANT AWARD** execution and extend through the period of SUB-GRANT AWARD unless extended by the Mississippi Department of Public Safety. Future SUB-GRANT AWARDS for supporting the requirements of the State Strategic Plan may be awarded under the terms of this agreement through additional sub grants so long as all signatory officials remain unchanged.

Article IV.

Roles and Responsibilities

A. Local Subgrantee

- 1. The local *Subgrantee* shall be Harrison County desiring to develop or improve their ability to combat the affects of a terrorism event through the purchase of specialized equipment as identified in the published OJP selected equipment list.
- 2. The chief elected official of the *Subgrantee* jurisdiction is the local official responsible for committing to the terms of this CA, budgeting local funds to purchase equipment, and for executing this CA on behalf of the *Subgrantee* jurisdiction.
- 3. The **Team Leader** shall be the principle local official appointed by the *Subgrantee* public official as the Subgrantee Grant Administrator (SGA) for developing and attaching the CA scope of work on page 13, obtaining project approval from respective local government officials, reporting, submitting applications to Grantee, equipment distribution, training, and obtaining and submitting supporting documentation and requests for reimbursement on behalf of the Subgrantee to Grantee for repayment.

The name, contact information for the SGA and appointment by local official is shown on page 12 of this Cooperative Agreement.

B. Homeland Security Program Guidance

The FY 2004 SHSP provides funds for homeland security and emergency operations planning; the purchase of specialized equipment to enhance the capability of State and local agencies to prevent, respond to, and mitigate incidents of terrorism involving the use of chemical, biological, radiological, nuclear, and explosive (CBRNE) weapons and cyber attacks; for costs related to the design, development, and conduct of a State CBRNE and cyber security training programs and attendance at ODP-sponsored CBRNE training courses; for costs related to the design, development, conduct, and evaluation of CBRNE and cyber security exercises; and for costs associated with implementing State Homeland Security Assessments and Strategies (SHSAS). See Homeland Security Program (starting on page 7) for specific guidance, policies, and reporting requirements.

- C. State Grantee
 - 1. The *Grantee* shall be the Mississippi Department of Public Safety acting on behalf of the State of Mississippi.

- 2. The Commissioner of the Department of Public Safety (DPS) or the Commissioner's Designee is the state signatory official and shall be the principal state official responsible for committing the state to the terms of this agreement. The DPS Commissioner, or his designee acting in the absence of the Commissioner, will exercise final approval authority of all *Subgrantee* applications, grant awards, allocations, and requests for reimbursements and for ensuring overall *Grantee* administration.
- 3. The DPS Office of Homeland Security is designated the *Grantee* Point-of-Contact (POC) for assisting the *Subgrantee* in developing the authorized equipment purchase list, specialized training requirements, and for providing overall day-to-day program management.

Article V. Consideration and Method of Reimbursement

The *Grantee* POC will receive and review *Subgrantee* application and forward to the DPS Commissioner for approval. The *Grantee* will notify the *Subgrantee* in writing when the application has been approved and *Subgrantee* authorized to purchase equipment and be reimbursed pursuant to the terms of this CA.

When the *Subgrantee* has expended funds awarded, the SGA will prepare and submit a Request for Reimbursement to the *Grantee* POC containing all appropriate supporting documentation to substantiate expenses made in accordance with all applicable requirements. The *Grantee POC* will review the reimbursement package for completeness and forward to the *Grantee* Office of the Comptroller for payment.

- A. The *Grantee* will not be liable under this Agreement for any amount greater than the award allocated by the Office for Domestic Preparedness to the State for the grant performance period.
- B. No cost or obligation shall be incurred by the *Grantee* under this Agreement unless and until the *Grantee* advises the *Subgrantee* in writing that the equipment application has been approved and funds are available.
- C. Reimbursement will be made by the *Grantee* to the *Subgrantee* based on the application form submitted by the *Subgrantee* and submission of required documentation after equipment has been purchased by the *Subgrantee*.
- D. Reimbursement is contingent upon the purchases being made in accordance with all applicable state regulations and submission for reimbursement made in accordance with DPS administrative procedures.

Article VI.

Maintenance, Replacement costs and Use of Equipment

Equipment purchased under the terms of this CA will be stored, maintained and used in accordance with the purpose and objectives of the State Strategic Plan and this Cooperative

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MINUTES

BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Agreement. The equipment may be used for terrorism training and exercise purposes and in response to an actual terrorism event. If the equipment is used in response to a non-terrorist related event, then any maintenance or replacement costs will be the sole responsibility of the *Subgrantee*.

Article VII. Nonperformance

Failure by the *Subgrantee* to comply with the terms of this Cooperative Agreement may result in suspension from the program and loss of any outstanding grant fund allocation balance, as determined by the *Grantee*.

Article VIII. Administrative Provisions

A. General

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The *Grantee* and *Subgrantee* agree to carry out the administrative and financial requirements of this Agreement in accordance with the policies and procedures established by the Office for Domestic Preparedness and set forth in other applicable state and federal guides.

B. Reports

Subgrantee Request for Reimbursement and other required financial reports will be submitted to the *Grantee* along with a copy all receipt(s) or invoices showing that authorized expenses have been paid for in-full by *Subgrantee* and attached to the reporting worksheet; which is due on the tenth (10) day of the report month.

C. Requests for Funds Advance

Subgrantee requests for advance of funds to support purchases of equipment or other expenditures must be requested in writing to the grantee POC explaining the justification for the request, i.e. shortage of local funds or items not contained in current annual jurisdictional budget must be accompanied by purchase orders. No requests for advance of funds will be granted for less than \$2,500.00.

NOTE: Reimbursements and advances will only be provided once a month.

| Article IX. | Execution |
|-------------|-----------|
|-------------|-----------|

IN WITNESS WHEREOF, the parties names herein have duly executed this Cooperative Agreement on the date set forth below:

By:

ATTEST: Clerk of the Board

By:

APPROVED AS TO FORM:

By:_

By:

County Attorney

Commissioner

SUBGRANTEE: HARRISON COUNTY, MS

Title: President, Harrison County Board of Supervisors

Date:

GRANTEE: STATE OF MISSISSIPPI MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY

Date:

6

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HOMELAND SECURITY PROGRAM FISCAL YEAR 2004

State Detection and Response System Equipment Planning, Training, and Exercise Administrative and Management \$28,000.00 \$600,000.00 \$196,500.00 \$25,500.00

TOTAL AWARD:

\$850,000.00

Allowable Equipment Costs

The foundation of the FY 2004 SHSP authorized equipment list (AEL) is the Standardized Equipment List (SEL), which was developed by the Interagency Board (IAB) for Equipment Standardization and Interoperability. Changes and additions to the AEL reflect input received by the DHS-ODP from State and local responders and reflect a continued commitment to better serve the nation. The new AEL also comports closely with the SEL, but has additional categories and equipment. A cross-section of officials representing the U.S. Department of Homeland Security, the U.S. Department of Justice, the Public Health Service, the U.S. Department of Energy, and State and local CBRNE response experts assisted in the development of this authorized equipment purchase list and in identifying unallowable items.

Planning Costs Allowable

Planning funds may be used to pay for the following types of planning activities:

- · Establishment or enhancement of mutual aid agreements
- Development or enhancement of emergency operations plans and operating procedures
- Development of terrorism prevention/deterrence plans
- Development or enhancement of response and recovery plans
- Development or enhancement of cyber security plans
- Development or enhancement of cyber risk mitigation plans
- Development of communications and interoperability protocols and solutions
- Coordination of citizen and family preparedness plans and programs, including donations programs and volunteer initiatives
- Conducting local or regional program implementation meetings
- Conducting point vulnerability assessments at critical infrastructure and development of remediation/security plans
- Conducting cyber risk and vulnerability assessments
- Development or enhancement of continuity of operations and continuity of government plans
- Hiring of full or part-time staff or contractors/consultants to assist with any of the above activities (not for the purpose of hiring public safety personnel)
- Conferences to facilitate activities listed above
- Materials required to conduct activities listed above
- Travel/per diem related to above activities (All out of state travel must have prior written approval from the Mississippi Office of Homeland Security).

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Allowable Training Costs

ALL TRAINING COURSES MUST HAVE WRITTEN APPROVAL FROM THE MISSISSIPPI OFFICE OF HOMELAND SECURITY PRIOR TO OBLIGATION OF FUNDS BY SUB-GRANTEES.

Funds may be used to enhance the capabilities local emergency preparedness and response personnel through the State homeland security-training program. Allowable training-related costs include: **overtime and backfill costs** associated with attendance at ODP-sponsored and approved CBRNE and cyber security training courses. Allowable training costs reflected within the LETPP are also allowable with SHSP funds. The target audience for training courses funded must be emergency preparedness, prevention and response personnel, emergency managers and public/elected officials within the following disciplines: firefighters, law enforcement, emergency management, emergency medical services, hazardous materials, public works, public health, health care, public safety communications, governmental administrative, cyber security and government contracted private security providers. Awareness training for citizen preparedness is also allowable.

In addition, allowable training-related costs include:

1. Overtime and backfill funding for emergency preparedness and response personnel attending ODP-sponsored and approved training classes - Payment of overtime expenses will be for work performed by award (SAA) or sub-award employees in excess of the established work week (usually 40 hours). Further, overtime payments are allowed only to the extent the payment for such services is in accordance with the policies of the State or unit(s) of local government and has the approval of the State or the awarding agency, whichever is applicable. In no case is dual compensation allowable. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 pm to 5:00 pm), even though such work may benefit both activities. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation and Unemployment Compensation.

2. Training Workshops and Conferences - Grant funds may be used to plan and conduct training workshops or conferences to include costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel and training plan development.

3. Full or Part-Time Staff or Contractors/Consultants - Full or part-time staff may be hired to support training-related activities. Payment of salaries and fringe benefits must be in accordance with the policies of the State or local unit(s) of government and have the approval of the State or the awarding agency whichever is applicable. The services of Contractors/consultants may also be procured by the State in the design, development, conduct, and evaluation of CBRNE training. The applicant's formal written procurement policy or the Federal Acquisition Regulations (FAR) must be followed.

4. Travel - Travel costs (i.e., airfare, mileage, per diem, hotel, etc.) are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of

the training project(s) or for attending ODP-sponsored or approved courses. All out of state travel must have prior written approval of the Mississippi Office of Homeland Security. These costs must be in accordance with either the federal or an organizationally approved travel policy.

5. Supplies - Supplies are items that are expended or consumed during the course of the planning and conduct of the training project(s) (e.g., copying paper, gloves, tape, and non-sterile masks).

6. Other Items - These costs include the rental of space/locations for planning and conducting training, badges, etc.

Allowable Exercise Costs

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Funds may be used to plan for, design, develop, conduct, and evaluate exercises that train homeland security preparedness, prevention and response personnel, evaluate prevention and response plans, policy, procedures and protocols, and assess the readiness of jurisdictions to prevent and respond to a terrorist attack. Allowable exercise costs reflected within the LETPP are also allowable with SHSP funds. Exercises must be threat and performance-based, in accordance with ODP's Homeland Security Exercise and Evaluation Program (HSEEP) and coordinated with the Mississippi Office of Homeland Security.

Note: A team exercise must be conducted at a level elevated above the prior exercise.

Allowable exercise-related costs include:

1. Exercise Planning Workshop - Grant funds may be used to plan and conduct an Exercise Planning Workshop to include costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel and exercise plan development.

2. Full or Part-Time Staff or Contractors/Consultants - Full or part-time staff may be hired to support excreise-related activities. Payment of salaries and fringe benefits must be in accordance with the policies of the State or unit(s) of local government and have the approval of the State or the awarding agency whichever is applicable. The services of contractors/consultants may also be procured to support the design, development, conduct and evaluation of CBRNE exercises. The applicant's formal written procurement policy or the Federal Acquisition Regulations (FAR) must be followed.

3. Overtime and backfill costs – Overtime and backfill costs associated with the design, development and conduct of CBRNE exercises are allowable expenses. Payment of overtime expenses will be for work performed by award (SAA) or sub-award employees in excess of the established workweek (usually 40 hours) related to the planning and conduct of the exercise project(s). Further, overtime payments are allowed only to the extent the payment for such services is in accordance with the policies of the State or unit(s) of local government and has the approval of the State or the awarding agency, whichever is applicable. In no case is dual compensation allowable. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 pm to 5:00 pm), even though such work may benefit both activities. Fringe

benefits on overtime hours are limited to FICA, Workers' Compensation and Unemployment Compensation.

4. Travel - Travel costs (i.e., airfare, mileage, per diem, hotel, etc.) are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of the exercise project(s). No out of state travel is authorized. These costs must be in accordance with either the Federal or an organizationally approved travel policy.

5. Supplies - Supplies are items that are expended or consumed during the course of the planning and conduct of the exercise project(s) (e.g., copying paper, gloves, tape, and non-sterile masks).

6. Other Items - These costs include the rental of space/locations for exercise planning and conduct, exercise signs, badges, etc.

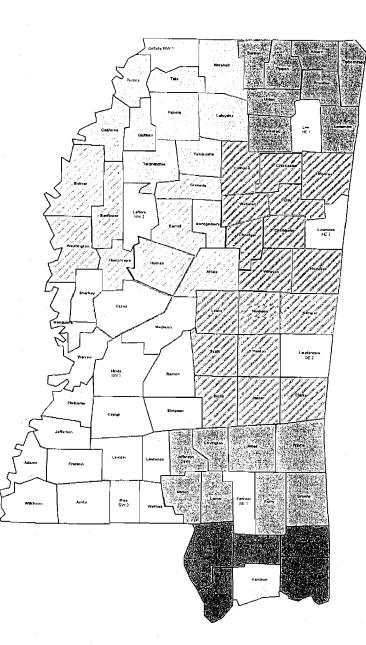
Allowable Management and Administrative Costs

No more than 3% of the total amount allocated for SHSP may be used for management and administrative (M&A) purposes.

- Allowable M&A expenditures may include:
- Hiring of full-time or part-time staff or contractors/consultants to assist with the management of FY 2004 SHSP
- Hiring of full-time or part-time staff or contractors/consultants to assist with the implementation and administration of the SHSS
- Travel expenses
- Meeting-related expenses (For a complete list of allowable meeting-related expenses, please review the OJP Office of the Comptroller (OC) Financial Guide at http://www.ojp.usdoj.gov/FinGuide).
- Acquisition of authorized office equipment (*Note: Authorized office equipment includes* personal computers, laptop computers, printers, LCD projectors, and other equipment or software which may be required to support the implementation of the State Strategy.)
- Recurring fees/charges associated with certain equipment, such as cell phones, faxes, etc.
- Leasing and/or renting of space for newly hired personnel to administer the SHSP

Unauthorized Program Expenditures

Unauthorized program expenditures include: 1) expenditures for items such as general use software (word processing, spreadsheet, graphics, etc), general-use computers (other than for allowable M&A activities, or otherwise associated preparedness or response functions) and related equipment, general-use vehicles, licensing fees, weapons systems and ammunition; 2) activities unrelated to the completion and implementation of the SHSP; 3) other items not in accordance with the Authorized Equipment List or previously listed as allowable costs; and, 4) construction or renovation of facilities.



Regional Response Team Areas of Operation April 15, 2004

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Designation of Subgrantee Grant Administrator (SGA) HOMELAND SECURITY PROGRAM

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The following person is officially appointed to represent your jurisdiction as the *Subgrantee* Grant Administrator (SGA) and is hereby duly authorized to fulfill the terms of this Cooperative Agreement during the performance period on behalf of the *Subgrantee*.

| Name:(Subgrantee Grant Administrator) | Title: | |
|---|---------------------------------------|--|
| (Subgrantee Grant Administrator) | | |
| | | |
| Organization Name: | · · · · · · · · · · · · · · · · · · · | |
| Mailing Address: | | |
| Сіту: | Zip Code | |
| Telephone Number: () | Fax Number: () | |
| Cellular Number: () | Pager Number: () | |
| Email Address: | - | |
| | | |
| A prointed by: | Doto: | |
| Appointed by:(Print Subgrantee Official's Name) | Date: | |
| Signed:(Signature) | Title: | |
| (Signature) | | |

HOMELAND SECURITY PROGRAM

Subgrantee will prepare a narrative statement in the Scope of Work describing how the jurisdiction will use allocated funds to support the defined projects and objectives from the State's Homeland Security Strategy.

These funds may be used for homeland security and emergency operations planning; the purchase of specialized equipment to enhance the capability of local agencies to prevent, respond to, and mitigate incidents of terrorism involving the use of chemical, biological, radiological, nuclear, and explosive (CBRNE) weapons and cyber attacks; attendance at ODP-sponsored or approved CBRNE training courses; for costs related to the design, development, conduct, and evaluation of CBRNE and cyber security exercises; and for costs associated with implementing State Homeland Security Strategy.

ALLOWABLE PROJECTS, GOALS & OBJECTIVES:

PROJECT:

Establish/enhance a terrorism intelligence/early warning system, center, or task force.

GOAL:

Increase jurisdiction participation with multi-level intelligence components/agencies to deter/prevent WMD/Terrorism incidents

Objectives:

Provide Intel gathering and information sharing capabilities to 50% of local jurisdictions within 3 years after approval of state strategy.

Develop a joint 24-hour emergency notification system for first responders and others who are in a critical, need-to-know position. This includes the Health Alert Network (HAN) and DPS information dissemination to local law enforcement within 3 years after approval of state strategy.

PROJECT

Establish/enhance statewide deterrence/prevention and response efforts.

GOAL:

Reduce Mississippi's vulnerability to terrorism through preparedness and protective efforts.

Objectives:

Create, implement, and maintain terrorism preparedness plans consistent with the National Response Plan (NRP) and provide advice, assistance, training, and oversight to local governments in the development of such plans within 3 years after approval of state strategy.

Improve by 5% the number of emergency responders prepared to respond to WMD/CBRNE incidents, including hoaxes and suspicious packages within 3 years of the approval of the state strategy.

Fiscal Year 2004 State Domestic Preparedness Equipment Program Equipment Purchase Budget Detail Worksheet and Impact of Funding Table

FY 2004

| Category | ltem | Quantity | Total Cost | Items to Each Discipline (s) | Allocation to Each Discipline (s) |
|------------------------------------|------|----------|---------------|---------------------------------|--|
| | | | . [| | |
| Personal Protective | | | | | |
| Equipment | | | | | |
| Turlesius Device | | | | | |
| Explosive Device Mitigation and | | | | | |
| Remediation | | j í | | | |
| | | | | | |
| Equipment | | <u> </u> | | ··· | <u> </u> |
| | | | | | |
| Rescue Equipment | | <u> </u> | | | |
| nteroperable | | | | | |
| Communication | | | | | |
| Equipment | | | | | |
| Detection Equipment | | | | | ······································ |
| Decontamination | | | | | |
| Equipment | | · | | | |
| Physical Security | | } | | | |
| Enhancement | | | | | |
| Equipment | | | | | |
| lerrorism Incident | | | ľ | | |
| Prevention | | | | | |
| Equipment | | | | | |
| CBRNE Logistical | | | | | |
| Support Equipment | | | | | |
| CBRNE Incident | | | | | |
| Response Vehicle | | | | | <u></u> |
| Medical Supplies | | | | | |
| and Limited Types of | | |) | | |
| Pharmaceuticals | | | | | · |
| CBRNE Reference | | | | | · · · · · · · · · · · · · · · · · · · |
| Materials | | | | | |
| gricultural | | | | | |
| errorism | | | | | |
| Prevention, | | | | | |
| Response and | | 1 | | | |
| Mitigation Equipment | | | | | |
| CBRNE Response | | | | | |
| Natercraft | | | | | ľ. |
| CBRNE Response Watercraft | | | | | |

| CBRNE Aviation | | | | |
|--|---|--------|------|------|
| Cyber Security Enhancement Equipment | | | | |
| Intervention Equipment | | | | |
| Other Authorized Equipment | | · | | |
| | · | | | |
| | | Total: | \$ | |

List of Suggested Abbreviations

LE - Law Enforcement EMS - Emergency Medical Services (Fire Based) EMS - Emergency Medical Services (Non-fire Based) EMA - Emergency Management FS - Fire Service HZ - HAZMAT PW - Public Works PH - Public Works PH - Public Health GA - Governmental Administrative PSC - Public Safety Communications HC - Health Care NfP - Not for profit/Non profit CS - Cyber Security Ag - Agriculture

Fiscal Year 2004

Planning Budget Detail Worksheet

Date:

State: Mississippi Jurisdiction: Planning Total:

| Planning Budget Category | Item | Amount |
|----------------------------------|---------------------------------------|----------|
| Flaming Budget Category | Item | Amount |
| | | |
| | | { |
| Personnel | | |
| (Full, Part-time) | | |
| | | |
| | | |
| Sub-Total: | | |
| | | |
| Contractors/Consultants | | |
| · · · · | | · · |
| Sub-Total: | | |
| Travel | | |
| Sub-Total | | |
| Overfime/Prel/fill | | |
| Overtime/Backfill | | |
| Sub-Total; | | |
| Meeting Expenses | · · · · · · · · · · · · · · · · · · · | |
| Meeting Expanses | | |
| Sub-Total: | | |
| Office Equipment | | † |
| Sub-Total: | | |
| | | <u> </u> |
| Supplies | | <u> </u> |
| Sub-Total: | | + |
| Total Jurisdictional Allocation: | | |

MINUTES

BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Fiscal Year 2004

Training Budget Detail Worksheet

| State: Mississippi | t | Date: |
|--------------------|---|-------|
| Jurisdiction: | | · |
| Training Total: | | |

| Training Budget Category | ltem | Amount |
|--------------------------------|---------------------------------------|--------|
| Personnel (Full, Part-Time) | | |
| Sub-Total: | | |
| Contractors/Consultants | · · · · · · · · · · · · · · · · · · · | |
| Sub-Total: | · · · · · · · · · · · · · · · · · · · | |
| Overtime/Backfill | | |
| Sub-Total: | | |
| Travel | | |
| Sub-Total: | | |
| Supplies | | |
| Sub-Total: | | |
| Other Items | | |
| Sub-Total: | · · · · · · · · · · · · · · · · · · · | |
| Total Allocation: | | |

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Fiscal Year 2004

Exercise Budget Detail Worksheet

| Category | | |
|--------------------------------|---------------------------------------|---------------------------------------|
| Personnel (Full, Part-Time) | | |
| Sub-Total: | | · · · · · · · · · · · · · · · · · · · |
| Contractors/Consultants | | · · · · · · · · · · · · · · · · · · · |
| Sub-Total: | | · |
| Overtime/Backfill | | |
| Sub-Total: | <u> </u> | |
| Travel | · · · · · · · · · · · · · · · · · · · | |
| Sub-Total: | | |
| Supplies | | |
| Sub-Total: | | |
| Other Items | | |
| Sub-Total: | | |
| Total Allocation: | | |

Fiscal Year 2004 Administrative Budget Detail Worksheet

| State: Mississippi | Date: |
|-----------------------|-------|
| Jurisdiction: | |
| Administrative Total: | |

| Administrative Budget Category | Item | Amount |
|---------------------------------------|------|----------|
| | | |
| | | |
| Personnel | | |
| (Full, Part-time) | | |
| | | |
| | | |
| Sub-Total: | | |
| | | |
| Contractors/Consultants | | |
| Sub-Total: | | + |
| 500-100al. | | |
| Travel | | |
| Sub-Total: | | |
| | | |
| Meeting Expenses | | · |
| Sub-Total: | | <u> </u> |
| Office Equipment | | |
| Sub-Total: | | |
| · · · · · · · · · · · · · · · · · · · | | <u>}</u> |
| Supplies | | <u> </u> |
| Sub-Total: | | |
| Total Jurisdictional Allocation: | | <u> </u> |

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MINUTES

BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

REGIONAL RESPONSE TEAM PARTICIPATION

REGIONAL RESPONSE TEAM LOCATION:

DATE OF SUBMISSION:

NAME OF TEAM CHIEF:

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| JURISDICTION (COUNTY OR MUNICIPALITY) | SUPPORTING ENTITY (FIRE/POLICE/EMS, EMA, ETC) | NUMBER PERSONNEL PROVIDED | ACKNOWLEDGEMENT/ CONCURRENCE OF JURISDICTION'S CHIEF ELECTED OFFICIAL (SIGNATURE, DATE & TITLE) |
|---|---|---------------------------------------|---|
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ATTACHMENT 1

Designation of Subgrantee Grant Administrator (SGA)

The following person is officially appointed to represent the your jurisdiction as the *Stubgrantee* Grant Administrator (SGA) and is hereby duly authorized to fulfill the terms of this Cooperative Agreement during the performance period on behalf of the *Subgrantee*.

| Name: LINDA ROUSE | Title: DIRECTOR |
|--|---------------------------------------|
| (Subgrantee Grant Administrator) | INICIRECIOR |
| | |
| Organization Name: HARRISON COUNTY CI | VIL DEFENSE |
| Mailing Address:POST_OFFICE_BOX_68 | · · · · · · · · · · · · · · · · · · · |
| City:GULFPORT, MS | Zip Code29502 |
| Telephone Number: (228_865-4002 | Fax Number: (22) 865-4087 |
| Cellular Number: (22) 518-0751 | Pager Number: (8094892535ext294) |
| Email Address: <u>_lindarouse@co.harriso</u> ; | <u>n.</u> ms.us |
| | · · · · · · · · · · · · · · · · · · · |
| Appointed by:(Print Subgrantee Official's Nan | Date: |
| (Print Subgrantee Official's Nam | nej |
| Signed: (Signature) | Title: |
| | |
| | |
| · | · · · · · · · · · · · · · · · · · · · |
| | |
| | |

Supervisor LARRY BENEFIELD seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M , ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

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present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER APPROVING HOMELAND SECURITY COOPERATIVE AGREEMENT BETWEEN HARRISON COUNTY AND MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY TO BE USED FOR HARRISON COUNTY IN THE AMOUNT OF \$53,400.00 AND AUTHORIZING BOARD PRESIDENT TO EXECUTE AGREEMENT

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE Homeland Security Cooperative Agreement between Harrison County and Mississippi Department of Public Safety to be used for Harrison County in the amount of \$53,400.00; and the Board does HEREBY AUTHORIZE the Board President to execute said agreement, which is as follows:

STATE OF MISSISSIPPI AND GOVERNOR HALEY R. BARBOUR



HOMELAND SECURITY COOPERATIVE AGREEMENT

Between

HARRISON COUNTY

AND

MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY



HOMELAND SECURITY COOPERATIVE AGREEMENT (CA)

On behalf of Governor Haley Barbour, this Cooperative Agreement is entered into between the Department of Public Safety, hereto referred to as *Grantee*, and HARRISON County, Mississippi, hereto referred to as *Subgrantee*.

Article I. Purpose

The purpose of this Cooperative Agreement (CA) is to utilize 100% federal funding (no match required) provided through the Office for Domestic Preparedness to continue to enhance existing capabilities in order to continue improving the capacity within the State of Mississippi to respond to acts of domestic and international terrorism including the use of weapons of mass destruction. Department of Public Safety will accomplish this by prioritizing and facilitating the delivery and use of federal financial assistance as identified in the published Office for Domestic Preparedness Homeland Security Grant Program guidance, and enabling Subgrantee to exercise management discretion and control in achieving the specified objectives of this Cooperative Agreement within the State of Mississippi. It is intended that this partnership will result in the development of a competent and sustainable system designed to provide prevention/deterrence and emergency response to a potential terrorism event within the State.

Article II. Scope of Work

The objectives and project outcomes accomplished during the performance period of this Cooperative Agreement will be supportive of the priorities defined in the State Homeland Security 3- Year Strategic Plan in the form of equipment, planning, training, and exercise funding as provided in compliance with the Office for Domestic Preparedness Homeland Security Grant Program Guidance. Expenditures using fiscal year 2004 Homeland Security funds must support the State Homeland Security projects, goals, and objectives stated in Appendix 2 (Scope of Work) of each Annex.

Article III. Period of Performance

The period of performance for this Cooperative Agreement shall begin on the date of acceptance of the **SUB-GRANT AWARD** execution and extend through the period of SUB-GRANT AWARD unless extended by the Department of Public Safety. Future SUB-GRANT AWARDS for supporting the requirements of the jurisdiction may be awarded under the terms of this agreement through additional sub grants so long as all signatory officials remain unchanged.

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Article IV. Roles and Responsibilities

A. Local Sub grantee General Guidance

1. The local *Subgrantee* shall be desiring to develop or improve their capability to combat the affects of a terrorism event through the purchase of specialized equipment as identified in the published OJP selected equipment list or support of planning, exercises or training activities associated with the prevention, response or recovery from terrorism incidents.

- 2. The chief elected official is responsible for committing to the terms of this CA, budgeting local funds to purchase equipment or support jurisdictional exercise, training and planning efforts for executing this CA on behalf of the Subgrantee jurisdiction.
- 3. The Sub-Grantee shall designate a *Subgrantee* public official as the Subgrantee Grant Administrator (SGA) for developing and attaching the CA scope of work to Attachment 3, obtaining project approval from respective officials, reporting, submitting applications to Grantee, equipment distribution, training, and obtaining and submitting supporting documentation and requests for reimbursement on behalf of the *Subgrantee* to *Grantee* for renayment.
- 4. The name, contact information for the SGA and appointment by the chief official is shown on Attachment 2 of this Cooperative Agreement.

B. Local Homeland Security Program Guidance

The FY 2004 SHSP provides funds for homeland security and emergency operations planning; the purchase of specialized equipment to enhance the capability of State and local agencies to prevent, respond to, and mitigate incidents of terrorism involving the use of chemical, biological, radiological, nuclear, and explosive (CBRNE) weapons and cyber attacks; for costs related to the design, development, and conduct of a State CBRNE and cyber security training programs and attendance at ODP-sponsored CBRNE training courses; for costs related to the design, development, conduct, and evaluation of CBRNE and cyber security exercises; and for costs associated with implementing State Homeland Security Assessments and Strategies (SHSAS). See Annex A (Local Homeland Security Program) for specific guidance, policies, and reporting requirements.

C. Local Law Enforcement Terrorism Prevention Program Guidance

The FY 2004 LETPP will provide law enforcement communities with funds to support the following prevention activities: information sharing to preempt terrorist attacks; target hardening to reduce

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vulnerability of selected high value targets; recognition of potential or developing threats; interoperable communications; and intervention of terrorists before they can execute a threat. These funds may be used for planning, organization, training, exercises, and equipment. See Annex B (Law Enforcement Terrorism Prevention Program) for specific guidance, policies, and reporting requirements.

D. Local Citizen Corps Program Guidance

FY 2004 Citizen Corps Program funds will be used to support Citizen Corps Councils with planning, outreach, and management of Citizen Corps programs and activities. The FY 2004 CCP provides the resources necessary for States and local communities to: 1) bring together the appropriate leadership to form and sustain a Citizen Corps Council; 2) develop and implement a plan for the community to engage all citizens in homeland security, community preparedness, and family safety; 3) conduct public education and outreach in order to inform the public about their role in crime prevention, mitigation, emergency preparedness for all hazards, and public health measures, including bioterrorism, and to encourage personal responsibility and action; 4) develop and implement Citizen Corps programs offering training and volunteer opportunities to support first responders, disaster relief groups, and community safety efforts, to include the federal programs: Community Emergency Response Teams (CERT), Medical Reserve Corps(MRC); and 5) coordinate Citizen Corps activities with other DHS funded programs and other federal initiatives. See Annex C (Local Citizen Corps Program) for specific guidance, policies, and reporting requirements.

E. State Grantee

- 1. The *Grantee* shall be the Department of Public Safety acting on behalf of the State of Mississippi.
- 2. The Commissioner of the Department of Public Safety (DPS) or the Commissioner's Designee is the state signatory official and shall be the principal state official responsible for committing the state to the terms of this agreement. The DPS Commissioner, or his designee acting in the absence of the Commissioner, will exercise final approval authority of all *Subgrantee* applications, grant awards, allocations, and requests for reimbursements and for ensuring overall *Grantee* administration.
- 3. The DPS Office of Homeland Security is designated the *Grantee* Point-of- Contact (POC) for assisting the *Subgrantee* in developing the authorized equipment purchase list, specialized training requirements, and for providing overall day-to-day program management.

Article V. Consideration and Method of Reimbursement

The *Grantee* POC will receive and review *Subgrantee* application and forward to the DPS Commissioner for approval. After approval the *Grantee* will issue a sub-grant award letter, which authorizes the *Subgrantee* to expend local funds and be reimbursed pursuant to the terms of this CA. Local funds expended prior to the date of the award letter are not authorized to be reimbursed.

When the *Subgrantee* has expended funds awarded, the SGA will prepare and submit a Request for Reimbursement to the *Grantee POC* containing all appropriate supporting documentation to substantiate expenses made in accordance with all applicable requirements. The *Grantee POC* will review the reimbursement package for completeness and forward to the *Grantee* Office of the Comptroller for payment.

- A. The *Grantee* will not be liable under this Agreement for any amount greater than the award allocated by the Office for Domestic Preparedness to the State for the grant performance period.
- B. No cost or obligation shall be incurred by the *Grantee* under this Agreement unless and until the *Grantee* advises the *Subgrantee* in writing that the application has been approved and funds are available.
- C. Reimbursement will be made by the *Grantee* to the *Subgrantee* based on the application form submitted by the *Subgrantee* and submission of required documentation after equipment has been purchased by the *Subgrantee*.
- D. Reimbursement is contingent upon the funds being expended in accordance with all applicable local and state regulations, as well as Federal guidelines, and submission for reimbursement made in accordance with DPS administrative procedures.

Article VI. Maintenance, Replacement costs and Use of Equipment

Equipment purchased under the terms of this CA will be stored, maintained and used in accordance with the purpose and objectives of this Cooperative Agreement. The equipment may be used for terrorism training and exercise purposes and in response to an actual terrorism event. If the equipment is used in response to a non-terrorist related event, then any maintenance or replacement costs will be the sole responsibility of the *Subgrantees*.

Article VII. Nonperformance

Failure by the *Subgrantee* to comply with the terms of this Cooperative Agreement may result in suspension from the program and loss of any outstanding grant fund allocation balance, as determined by the *Grantee*.

Article VIII. Administrative Provisions

A. General

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The *Grantee* and *Subgrantee* agree to carry out the administrative and financial requirements of this Agreement in accordance with the policies and procedures established by the Office for Domestic Preparedness and set forth in other applicable state and federal guides.

B. Reports

Subgrantee Request for Reimbursement and other required financial reports will be submitted to the *Grantee* along with a copy all receipt(s) or invoices showing that authorized expenses have been paid for in-full by *Subgrantee* and attached to the reporting worksheet; which is due on the tenth (10) day of the report month.

C. Requests for Funds Advance

Subgrantee requests for advance of funds to support purchases of equipment or other expenditures must be requested in writing to the grantee POC explaining the justification for the request, i.e. shortage of local funds or items not contained in current annual jurisdictional budget must be accompanied by purchase orders. No requests for advance of funds will be granted for less than \$2,500.00.

NOTE: Reimbursements and advances will only be provided once a month.

Article IX. Execution

1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -

IN WITNESS WHEREOF, the parties names herein have duly executed this Cooperative Agreement on the date set forth below:

Date:

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SUBGRANTEE: HARRISON COUNTY

| ATTEST: Clerk | | | |
|------------------|--|--|--|
| CIÇIK | | | |
| By: | | | |

| | By: | | | ~ |
|---|--------|------------|----------------------|---|
| _ | Title: | President, | Board of Supervisors | |



APPROVED AS TO FORM:

By: _____ County Attorney

GRANTEE: STATE OF MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY

By: _____Commissioner

Date: _____

ANNEX A

FISCAL YEAR 2004

HOMELAND SECURITY GRANT PROGRAM

LOCAL HOMELAND SECURITY PROGRAM FISCAL YEAR 2004

Cyber Security Assessment\$ 10,000Administrative & Management Costs:\$ 1,600.82Equipment, planning, training, and exercise costs (a minimum of 50% must be
dedicated to equipment purchases):\$ 41,799.18

TOTAL AWARD:

\$ 53,400.00

Allowable Equipment Costs

The foundation of the FY 2004 SHSP authorized equipment list (AEL) is the Standardized Equipment List (SEL), which was developed by the Interagency Board (IAB) for Equipment Standardization and Interoperability. Changes and additions to the AEL reflect input received by the DHS-ODP from State and local responders and reflect a continued commitment to better serve the nation. The new AEL also comports closely with the SEL, but has additional categories and equipment. A cross-section of officials representing the U.S. Department of Homeland Security, the U.S. Department of Justice, the Public Health Service, the U.S. Department of Energy, and State and local CBRNE response experts assisted in the development of this authorized equipment purchase list and in identifying unallowable items.

Planning Costs Allowable

Planning funds may be used to pay for the following types of planning activities:

- Establishment or enhancement of mutual aid agreements
- Development or enhancement of emergency operations plans and operating procedures
- Development of terrorism prevention/deterrence plans
- Development or enhancement of response and recovery plans
- Development or enhancement of cyber security plans
- Development or enhancement of cyber risk mitigation plans
- Development of communications and interoperability protocols and solutions
- Coordination of citizen and family preparedness plans and programs, including donations programs and volunteer initiatives
- Conducting local or regional program implementation meetings
- Conducting point vulnerability assessments at critical infrastructure and development of remediation/security plans
- Conducting cyber risk and vulnerability assessments
- Development or enhancement of continuity of operations and continuity of government plans
- Hiring of full or part-time staff or contractors/consultants to assist with any of the above activities (not for the purpose of hiring public safety personnel)

- Conferences to facilitate activities listed above
- Materials required to conduct activities listed above
- Travel/per diem related to above activities

Allowable Training Costs

ALL TRAINING COURSES MUST HAVE WRITTEN APPROVAL FROM THE MISSISSIPPI OFFICE OF HOMELAND SECURITY PRIOR TO OBLIGATION OF FUNDS BY SUB-GRANTEES.

Funds may be used to enhance the capabilities local emergency preparedness and response personnel through the State homeland security-training program. Allowable training-related costs include: **overtime and backfill costs** associated with attendance at ODP-sponsored and approved CBRNE and cyber security training courses. Allowable training costs reflected within the LETPP are also allowable with SHSP funds. The target audience for training courses funded must be emergency preparedness, prevention and response personnel, emergency managers and public/elected officials within the following disciplines: firefighters, law enforcement, emergency management, emergency medical services, hazardous materials, public works, public health, health care, public safety communications, governmental administrative, cyber security and government contracted private security providers. Awareness training for citizen preparedness is also allowable.

In addition, allowable training-related costs include:

1. Overtime and backfill funding for emergency preparedness and response personnel attending ODP-sponsored and approved training classes - Payment of overtime expenses will be for work performed by award (SAA) or sub-award employees in excess of the established work week (usually 40 hours). Further, overtime payments are allowed only to the extent the payment for such services is in accordance with the policies of the State or unit(s) of local government and has the approval of the State or the awarding agency, whichever is applicable. In no case is dual compensation allowable. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 pm to 5:00 pm), even though such work may benefit both activities. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation and Unemployment Compensation.

2. Training Workshops and Conferences - Grant funds may be used to plan and conduct training workshops or conferences to include costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel and training plan development.

3. Full or Part-Time Staff or Contractors/Consultants - Full or part-time staff may be hired to support training-related activities. Payment of salaries and fringe benefits must be in accordance with the policies of the State or local unit(s) of government and have the

approval of the State or the awarding agency whichever is applicable. The services of Contractors/consultants may also be procured by the State in the design, development, conduct, and evaluation of CBRNE training. The applicant's formal written procurement policy or the Federal Acquisition Regulations (FAR) must be followed.

4. Travel - Travel costs (i.e., airfare, mileage, per diem, hotel, etc.) are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of the training project(s) or for attending ODP-sponsored courses. These costs must be in accordance with either the federal or an organizationally approved travel policy.

5. Supplies - Supplies are items that are expended or consumed during the course of the planning and conduct of the training project(s) (e.g., copying paper, gloves, tape, and non-sterile masks).

6. Other Items - These costs include the rental of space/locations for planning and conducting training, badges, etc.

Allowable Exercise Costs

Funds may be used to plan for, design, develop, conduct, and evaluate exercises that train homeland security preparedness, prevention and response personnel, evaluate prevention and response plans, policy, procedures and protocols, and assess the readiness of jurisdictions to prevent and respond to a terrorist attack. Allowable exercise costs reflected within the LETPP are also allowable with SHSP funds. Exercises must be threat and performance-based, in accordance with ODP's Homeland Security Exercise and Evaluation Program (HSEEP) and coordinated with the Mississippi Office of Homeland Security.

Allowable exercise-related costs include:

1. Exercise Planning Workshop - Grant funds may be used to plan and conduct an Exercise Planning Workshop to include costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel and exercise plan development.

2. Full or Part-Time Staff or Contractors/Consultants - Full or part-time staff may be hired to support exercise-related activities. Payment of salaries and fringe benefits must be in accordance with the policies of the State or unit(s) of local government and have the approval of the State or the awarding agency whichever is applicable. The services of contractors/consultants may also be procured to support the design, development, conduct and evaluation of CBRNE exercises. The applicant's formal written procurement policy or the Federal Acquisition Regulations (FAR) must be followed.

3. Overtime and backfill costs – Overtime and backfill costs associated with the design, development and conduct of CBRNE exercises are allowable expenses. Payment of overtime expenses will be for work performed by award (SAA) or sub-award employees

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in excess of the established workweek (usually 40 hours) related to the planning and aonduct of the exercise project(s). Further, overtime payments are allowed only to the extent the payment for such services is in accordance with the policies of the State or unit(s) of local government and has the approval of the State or the awarding agency, whichever is applicable. In no case is dual compensation allowable. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 pm to 5:00 pm), even though such work may benefit both activities. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation and Unemployment Compensation.

4. Travel - Travel costs (i.e., airfare, mileage, per diem, hotel, etc.) are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of the exercise project(s). These costs must be in accordance with either the Federal or an organizationally approved travel policy.

5. Supplies - Supplies are items that are expended or consumed during the course of the planning and conduct of the exercise project(s) (e.g., copying paper, gloves, tape, and non-sterile masks).

6. Other Items - These costs include the rental of space/locations for exercise planning and conduct, exercise signs, badges, etc.

Allowable Management and Administrative Costs

No more than 3% of the total amount allocated for SHSP may be used for management and administrative (M&A) purposes.

- Allowable M&A expenditures may include:
- Hiring of full-time or part-time staff or contractors/consultants to assist with the management of FY 2004 SHSP
- Hiring of full-time or part-time staff or contractors/consultants to assist with the implementation and administration of the SHSS
- Travel expenses
- Meeting-related expenses (For a complete list of allowable meeting-related expenses, please review the OJP Office of the Comptroller (OC) Financial Guide at http://www.ojp.usdoj.gov/FinGuide).
- Acquisition of authorized office equipment (Note: Authorized office equipment includes personal computers, laptop computers, printers, LCD projectors, and other equipment or software which may be required to support the implementation of the State Strategy.)
- Recurring fees/charges associated with certain equipment, such as cell phones, faxes, etc.
- Leasing and/or renting of space for newly hired personnel to administer the SHSP

Unauthorized Program Expenditures

Unauthorized program expenditures include: 1) expenditures for items such as general use software (word processing, spreadsheet, graphics, etc), general-use computers (other than for allowable M&A activities, or otherwise associated preparedness or response

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functions) and related equipment, general-use vehicles, licensing fees, weapons systems and ammunition; 2) activities unrelated to the completion and implementation of the SHSP; 3) other items not in accordance with the Authorized Equipment List or previously listed as allowable costs; and, 4) construction or renovation of facilities.

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| • | | |
| | Grant Administrator (SGA) S SECURITY PROGRAM | STATE |
| The following person is officially app Subgrantee Grant Administrator (SGA) ar of this Cooperative Agreement during Subgrantee. | nd is hereby duly authorized to fulfill the | terms |
| - - - | | |
| | | |
| Name:(Subgrantee Grant Administrator | Title: | |
| | | |
| Organization Name: | | |
| Mailing Address: | | |
| City: | | |
| 1 | | |
| Telephone Number: () | Fax Number: () | <u> </u> |
| Telephone Number: () | | |
| | Pager Number: () | |
| Cellular Number: () | Pager Number: () | |
| Cellular Number: () | Pager Number: () | |
| Cellular Number: () | Pager Number: () | |
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| Cellular Number: () | Pager Number: () | · · · · · · · · · · · · · · · · · · · |

LOCAL HOMELAND SECURITY PROGRAM

Subgrantee will prepare a narrative statement in the Scope of Work describing how the jurisdiction will use allocated funds to support the defined projects and objectives from the State's Homeland Security Strategy.

These funds may be used for homeland security and emergency operations planning; the purchase of specialized equipment to enhance the capability of local agencies to prevent, respond to, and mitigate incidents of terrorism involving the use of chemical, biological, radiological, nuclear, and explosive (CBRNE) weapons and cyber attacks; attendance at ODP-sponsored or approved CBRNE training courses; for costs related to the design, development, conduct, and evaluation of CBRNE and cyber security exercises; and for costs associated with implementing State Homeland Security Strategy.

ALLOWABLE PROJECTS, GOALS & OBJECTIVES:

<u>HSGP</u>

PROJECT:

Establish/enhance a terrorism intelligence/early warning system, center, or task force.

GOAL:

Increase jurisdiction participation with multi-level intelligence components/agencies to deter/prevent WMD/Terrorism incidents

Objectives:

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Provide Intel gathering and information sharing capabilities to 50% of local jurisdictions within 3 years after approval of state strategy.

Develop a joint 24-hour emergency notification system for first responders and others who are in a critical, need-to-know position. This includes the Health Alert Network (HAN) and DPS information dissemination to local law enforcement within 3 years after approval of state strategy.

PROJECT

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Establish/enhance statewide deterrence/prevention and response efforts.

GOAL:

Reduce Mississippi's vulnerability to terrorism through preparedness and protective efforts.

Objectives:

Create, implement, and maintain terrorism preparedness plans consistent with the National Response Plan (NRP) and provide advice, assistance, training, and oversight to local governments in the development of such plans within 3 years after approval of state strategy.

Improve by 5% the number of emergency responders prepared to respond to WMD/CBRNE including hoaxes and suspicious packages within 3 years of the approval of the state strategy.

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Fiscal Year 2004 State Domestic Preparedness Equipment Program Equipment Purchase Budget Detail Worksheet and Impact of Funding Table

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FY 2004

Jurisdiction:

| <u> </u> | | | | · | |
|--|------|----------|---------------|---------------------------------|--------------------------------------|
| Category | Item | Quantity | Total Cost | Items to Each Discipline (s) | Allocation to Each Discipline (s) |
| Personal Protective Equipment | | | | | |
| Explosive Device Mitigation and Remediation Equipment CBRNE Search & | | | | | |
| Rescue Equipment | | | | | |
| Interoperable Communication Equipment | | | | | |
| Detection Equipment | | | | | |
| Decontamination Equipment | | | | | |
| Physical Security Enhancement Equipment | | | | | |
| Terrorism Incident Prevention Equipment | | | | | |
| CBRNE Logistical Support Equipment | | | | · · · | |
| CBRNE Incident Response Vehicle | | | | · · | |
| Medical Supplies and Limited Types of Pharmaceuticals | | | | | |
| CBRNE Reference Materials | | | | | |
| Agricultural Terrorism Prevention, | | | | | |
| Response and Mitigation Equipment | | | | | |

MINUTES

BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

| CBRNE Response Watercraft | | | | |
|--|--------|------|------|--|
| CBRNE Aviation Equipment | | | | |
| Cyber Security Enhancement Equipment | - | | | |
| Intervention Equipment | | | | |
| Other Authorized Equipment | | | | |
| | | | | |
| | Total: | \$ | | |

List of Suggested Abbreviations

LE - Law Enforcement EMS-FB - Emergency Medical Services (Fire Based) EMS-NFB - Emergency Medical Services (Non Fire Based) EMA - Emergency Management FS - Fire Service HZ - HAZMAT PW - Public Works PH - Public Works PH - Public Health GA - Governmental Administrative PSC - Public Safety Communications HC - Health Care Ag - Agriculture CS - Cyber Security

Fiscal Year 2004

Planning Budget Detail Worksheet

State: Mississippi Date: Jurisdiction: _____ Planning Total:

| Planning Budget Category | ltem | Amount |
|----------------------------------|--|---------------------------------------|
| | | |
| | | |
| Personnel | | |
| (Full, Part-time) | | |
| | | |
| | | |
| Sub-Total: | ······································ | |
| | | |
| Contractors/Consultants | | |
| Sub-Total: | | |
| Travel | ##*** | |
| Sub-Total | | |
| Overtime/Backfill | | · · · · · · · · · · · · · · · · · · · |
| Overume/Dacking | | |
| Sub-Total: | | |
| Meeting Expenses | | |
| | | |
| Sub-Total: | · | |
| Office Equipment | | |
| Sub-Total: | | |
| Supplies | | |
| Sub-Total: | | |
| Total Jurisdictional Allocation: | | |

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Fiscal Year 2004

Training Budget Detail Worksheet

| ning Total: | | | |
|--------------------------------|-------|--------|---|
| Training Budget Category | Item | Amount | |
| Personnel (Full, Part-Time) | | | |
| Sub-Total: | | | |
| Contractors/Consultants | | | |
| Sub-Total: | | | |
| Overtime/Backfill | | | |
| Sub-Total: | | · | 1 |
| Travel | | | |
| Sub-Total: | | | |
| Supplies | | | - |
| Sub-Total: | | | |
| Other Items | | | _ |
| Sub-Total: | ····· | | 1 |

Fiscal Year 2004

Exercise Budget Detail Worksheet

State: Mississippi Date: Jurisdiction: ______ Exercise Total:

| Exercise Budget Category | ltem | Amount |
|--------------------------------|--|---------------------------------------|
| Personnel (Full, Part-Time) | ······································ | |
| Sub-Total: | | |
| Contractors/Consultants | | |
| Sub-Total: | · . | · · · · · · · · · · · · · · · · · · · |
| Overtime/Backfill | | |
| Sub-Total: | | |
| Travel | | |
| Sub-Total: | · · · · · · · · · · · · · · · · · · · | |
| Supplies | | |
| Sub-Total: | | · · · · · · · · · · · · · · · · · · · |
| Other Items | | |
| Sub-Total: | | |
| Total Allocation: | | · · · · · · · · · · · · · · · · · · · |

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MINUTES

BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Fiscal Year 2004

Administrative Budget Detail Worksheet

State: Mississippi Date: Jurisdiction: _____ Administrative Total:

| Administrative Budget Category | ltem | Amount |
|----------------------------------|------|---------|
| Personnel (Full, Part-time) | | |
| Sub-Total: | | |
| Contractors/Consultants | | |
| Sub-Total: | | |
| Travel | | |
| Sub-Total: | | |
| Meeting Expenses | | |
| Sub-Total: | | |
| Office Equipment | | · · · · |
| Sub-Total: | | |
| Supplies | | |
| Sub-Total: | | |
| Total Jurisdictional Allocation: | | |

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ANNEX B

FISCAL YEAR 2004

LAW ENFORCEMENT TERRORISM PREVENTION GRANT PROGRAM

LAW ENFORCEMENT TERRORISM PREVENTION PROGRAM FISCAL YEAR 2004

Administrative & Management Costs:\$2,736.00Equipment, planning, training, and exercise costs (a minimum of 50% must be
dedicated to equipment purchases).\$88,464.00

TOTAL AWARD:

510

\$91,200.00

Authorized Program Expenditures

1. Information Sharing to Preempt Terrorist Attacks: These funds will allow law enforcement communities to purchase equipment and support efficient and expeditious sharing of information and intelligence that could preempt possible terrorist attacks.

2. Threat Recognition: Funds provided under this category will allow law enforcement personnel to purchase equipment and conduct additional training that assists in further recognizing the potential or development of a threat.

3. Intervention Activities: Funds provided under this category will allow law enforcement personnel to purchase equipment and conduct activities to further enhance their capabilities to prevent domestic terrorism incidents.

4. Interoperable Communications: Funds provided under this category will allow law enforcement personnel to purchase equipment to ensure interoperable communications between, and among, law enforcement agencies and other emergency service disciplines such as fire and emergency management.

Allowable Equipment Costs

The foundation of the FY 2004 LETPP authorized equipment list (AEL). Changes and additions to the AEL reflect input received by the DHS-ODP from State and local responders and reflect a continued commitment to better serve the nation. The new AEL also comports closely with the SEL, but has additional categories and equipment.

Allowable Planning Costs

- · Development of and participation in information/ intelligence sharing groups
- Point vulnerability analyses and assessments
- Development and review of site security buffer zone plans
- Soft target security planning (public gatherings)
- Development, implementation and review of Area Maritime Security Plans for ports, waterways, and coastal areas.
- · Updating and refining threat matrices

- Conducting local or regional implementation meetings
- Hiring of full or part-time staff or contractors/consultants to assist with intervention activities (not for the purpose of hiring public safety personnel)

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- Developing or updating local or regional communications plans
- Development or enhancement of cyber security plans
- · Development or enhancement of cyber risk mitigation plans
- Conducting cyber risk and vulnerability assessments

Allowable Training Costs

ALL TRAINING COURSES MUST HAVE WRITTEN APPROVAL FROM THE MISSISSIPPI OFFICE OF HOMELAND SECURITY PRIOR TO OBLIGATION OF FUNDS BY SUB-GRANTEES.

- Training courses on building information sharing capacities
- Training that includes methods of target hardening (overtime/backfill costs associated with training)
- Training for facility security personnel (overtime/backfill costs associated with training)
- Training for vessel and port law enforcement security personnel Recognition of CBRNE threats
- Weaponization of WMD agents
- History of terrorism and social environments contributing to threats
- Surveillance techniques
- Identifying/assessing critical infrastructure assets, vulnerabilities, and threats
- Intelligence analysis
- Cyber security enhancements
- Multi-cultural training for undercover operations
- Language training
- Joint training with other homeland security entities (Secret Service/Customs and Border Protection)
- Training on the use of interoperable communications equipment

In addition, allowable training-related costs include:

1. Overtime and backfill funding for emergency preparedness and response personnel attending ODP-sponsored and approved training classes - Payment of overtime expenses will be for work performed by award (SAA) or sub-award employees in excess of the established work week (usually 40 hours). Further, overtime payments are allowed only to the extent the payment for such services is in accordance with the policies of the State or unit(s) of local government and has the approval of the State or the awarding agency, whichever is applicable. In no case is dual compensation allowable. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 pm to 5:00 pm), even though such work may benefit both activities. Fringe benefits on

overtime hours are limited to FICA, Workers' Compensation and Unemployment Compensation.

2. Training Workshops and Conferences - Grant funds may be used to plan and conduct training workshops or conferences to include costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel and training plan development.

3. Full or Part-Time Staff or Contractors/Consultants - Full or part-time staff may be hired to support training-related activities. Payment of salaries and fringe benefits must be in accordance with the policies of the State or local unit(s) of government and have the approval of the State or the awarding agency whichever is applicable. The services of contractors/consultants may also be procured by the State in the design, development, conduct, and evaluation of CBRNE training. The applicant's formal written procurement policy or the Federal Acquisition Regulations (FAR) must be followed.

4. Travel - Travel costs (i.e., airfare, mileage, per diem, hotel, ctc.) are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of the training project(s) or for attending ODP-sponsored courses. These costs must be in accordance with either the federal or an organizationally approved travel policy.

5. Supplies - Supplies are items that are expended or consumed during the course of the planning and conduct of the training project(s) (e.g., copying paper, gloves, tape, and on-sterile masks).

6. Other Items - These costs include the rental of space/locations for planning and conducting training, badges, etc.

Allowable Exercises Costs

- Exercises to evaluate the effectiveness of information sharing plans, policies, procedures and protocols
- Exercises to evaluate facility and/or vessel security protection
- Exercises to evaluate area maritime security protection
- Exercises to evaluate threat recognition capabilities
- Exercises to evaluate cyber security capabilities
- Exercises to evaluate prevention readiness and techniques
- "Red Team" (force on force) exercises
- Interoperable communications exercises

Funds may be used to plan for, design, develop, conduct, and evaluate exercises that train homeland security preparedness, prevention and response personnel, evaluate prevention and response plans, policy, procedures and protocols, and assess the readiness of jurisdictions to prevent and respond to a terrorist attack. Exercises must be threat and performance-based, in accordance with ODP's Homeland Security Exercise and

Evaluation Program (HSEEP) manuals and coordinated with the Mississippi Office of Homeland Security.

Allowable exercise-related costs include:

1. Exercise Planning Workshop - Grant funds may be used to plan and conduct an Exercise Planning Workshop to include costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel and exercise plan development.

2. Full or Part-Time Staff or Contractors/Consultants - Full or part-time staff may be hired to support exercise-related activities. Payment of salaries and fringe benefits must be in accordance with the policies of the State or unit(s) of local government and have the approval of the State or the awarding agency whichever is applicable. The services of contractors/consultants may also be procured to support the design, development, conduct and evaluation of CBRNE exercises. The applicant's formal written procurement policy or the Federal Acquisition Regulations (FAR) must be followed.

3. Overtime and backfill costs – Overtime and backfill costs associated with the design, development and conduct of CBRNE exercises are allowable expenses. Payment of overtime expenses will be for work performed by award (SAA) or sub-award employees in excess of the established work week (usually 40 hours) related to the planning and conduct of the exercise project(s). Further, overtime payments are allowed only to the extent the payment for such services is in accordance with the policies of the State or unit(s) of local government and has the approval of the State or the awarding agency, whichever is applicable. In no case is dual compensation allowable. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 pm to 5:00 pm), even though such work may benefit both activities. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation and Unemployment Compensation.

4. Travel - Travel costs (i.e., airfare, mileage, per diem, hotel, etc.) are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of the exercise project(s). These costs must be in accordance with either the Federal or an organizationally approved travel policy.

5. Supplies - Supplies are items that are expended or consumed during the course of the planning and conduct of the exercise project(s) (e.g., copying paper, gloves, tape, and non-sterile masks).

6. Other Items - These costs include the rental of space/locations for exercise planning and conduct, exercise signs, badges, etc.

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Allowable Management and Administrative Costs

No more than 3% of the total amount allocated for LETPP may be used statewide for management and administrative (M & A) purposes.

The following is a list of allowable M&A expenditures:

- Hiring of full-time or part-time staff or contractors/consultants to assist with the management of LETPP FY2004
- Hiring of full-time or part-time staff or contractors/consultants to assist with the implementation and administration of the State Homeland Security Strategy
- Travel expenses
- Meeting-related expenses (For a complete list of allowable meeting-related expenses, please review the OJP Office of the Comptroller (OC) Financial Guide at http://www.ojp.usdoj.gov/FinGuide).
- Acquisition of authorized office equipment (Note: Authorized office equipment includes personal computers, laptop computers, printers, LCD projectors, and other equipment or software which may be required to support the implementation of the State strategy.)

Allowable Organizational Activities

• Overtime costs for personnel to participate in information, investigative and intelligence sharing activities specifically related to homeland security. This includes activities such as Anti-Terrorism Task Forces, Joint Terrorism Task Forces, Area Maritime Security Committees (as required by the Maritime Transportation Security Act of 2002), and Terrorism Early Warning Groups. Funding may not be used to supplant ongoing, routine public safety activities of State and local law enforcement. No more than 20% of LETPP funds may be used for overtime costs for the organizational activities noted above without prior written approval from the Mississippi Office of Homeland Security (MSOHS). Out of state travel must have prior approval from the MSOHS.

• Unauthorized Program Expenditures

Unauthorized program expenditures include: 1) expenditures for items such as general use software (word processing, spreadsheet, graphics, etc), general-use computers (other than for allowable M & A activities, or otherwise associated preparedness or response functions) and related equipment, general-use vehicles, licensing fees, weapons systems and ammunition; 2) activities unrelated to the completion and implementation of the LETPP Program; 3) other items not in accordance with the Authorized Equipment List or previously listed as allowable costs; and, 4) construction or renovation of facilities.

وري معمومين مراجعات

Designation of Subgrantee Grant Administrator (SGA) LAW ENFORCEMENT TERRORISM PREVENTION PROGRAM

The following person is officially appointed to represent the your jurisdiction as the *Subgrantee* Grant Administrator (SGA) and is hereby duly authorized to fulfill the terms of this Cooperative Agreement during the performance period on behalf of the *Subgrantee*.

| Name: | Title: |
|--------------------------------------|---------------------------------------|
| Name:(Subgrantee Grant Administrator |) |
| | |
| | |
| Organization Name: | , |
| Mailing Address: | |
| City: | Zip Code |
| Telephone Number: () | Fax Number: () |
| Cellular Number: () | Pager Number: () |
| Email Address: | |
| | |
| | |
| Appointed by: | Date: |
| (Print Subgrantee Official | 's Name) |
| | |
| Signed: | Title: |
| (Signature) | · · · · · · · · · · · · · · · · · · · |
| | |

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LAW ENFORCEMENT TERRORISM PREVENTION PROGRAM

Subgrantee will prepare a narrative statement in the Scope of Work describing how the jurisdiction will use allocated funds to support the defined projects and objectives from the State's Homeland Security Strategy.

The narrative should address how the jurisdiction's law enforcement community would support the following prevention and deterrence activities: information sharing to preempt terrorist attacks; target hardening to reduce vulnerability of selected high value targets; recognition of potential or developing threats; interoperable communications; and intervention of terrorists before they can execute a threat. Also describe how these funds would be used for planning, organization, training, exercises, and equipment.

ALLOWABLE PROJECTS, GOALS & OBJECTIVES:

LETPP

PROJECT:

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Establish/enhance a terrorism intelligence/early warning system, center, or task force.

GOAL:

Increase jurisdiction participation with multi-level intelligence components/agencies to deter/prevent WMD/Terrorism incidents

Objectives:

Provide Intel gathering and information sharing capabilities to 50% of local jurisdictions within 3 years after approval of state strategy.

Develop a joint 24-hour emergency notification system for first responders and others who are in a critical, need-to-know position. This includes the Health Alert Network (HAN) and DPS information dissemination to local law enforcement within 3 years after approval of state strategy.

PROJECT

Establish/enhance statewide deterrence/prevention and response efforts.

GOAL:

Reduce Mississippi's vulnerability to terrorism through preparedness and protective efforts.

Objectives:

Create, implement, and maintain terrorism preparedness plans consistent with the National Response Plan (NRP) and provide advice, assistance, training, and oversight to local governments in the development of such plans within 3 years after approval of state strategy.

Improve by 5% the number of emergency responders prepared to respond to WMD/CBRNE incidents, including hoaxes and suspicious packages within 3 years of the approval of the state strategy.

Fiscal Year 2004 State Domestic Preparedness Equipment Program Equipment Purchase Budget Detail Worksheet and Impact of Funding Table

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FY 2004

| Category | Item | Quantity | Total Cost | Items to Each Discipline (s) | Allocation to Each Discipline (s) |
|------------------------------------|---------------------------------------|----------|---------------|---------------------------------|--------------------------------------|
| | | | | | |
| Personal Protective Equipment | | | | | |
| E. dation David | | | ļ | | |
| Explosive Device Mitigation and | | | 1 | | |
| Remediation | | | | | |
| Equipment | | | | | |
| Interoperable | | | | | |
| Communication | | | | | |
| Equipment | | | | | |
| Physical Security | <u> </u> | | · · | | |
| Enhancement | | | | | |
| Equipment | | | | | , . |
| Terrorism Incident | | | <u> </u> | | |
| Prevention | | | | | |
| Equipment | | | | | |
| CBRNE Logistical | | | | · · | |
| Support Equipment | | | | | |
| CBRNE Incident | | | | | |
| Response Vehicle | | | | | |
| CBRNE Reference | | | | | |
| Materials | | | | | |
| CBRNE Response | | | | | |
| Watercraft | | | | | |
| Intervention | | | | | |
| Equipment | · · · · · · · · · · · · · · · · · · · | | | | ,,,,,, |
| Cyber Security | | | | | |
| Enhancement | ĺ | | | | |
| Equipment | | | <u> </u> | | |
| Other Authorized | | | | | |
| Equipment | I | | | | |
| _=, | | | | | |
| | | | | | |
| | | | \$ | | |

Total:

 $(x_1, y_2, \dots, y_n) = (y_1, \dots, y_n)$

List of Suggested Abbreviations

LE - Law Enforcement EMS-FB - Emergency Medical Services (Fire Based) EMS-NFB - Emergency Medical Services (Non Fire Based) EMA - Emergency Management FS - Fire Service HZ - HAZMAT PW - Public Works PH - Public Works PH - Public Health GA - Governmental Administrative PSC - Public Safety Communications HC - Health Care Ag - Agriculture CS - Cyber Security

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Fiscal Year 2004

Planning Budget Detail Worksheet

Date:

State: Mississippi Jurisdiction: Planning Total:

| Planning Budget Category | Item | Amount |
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| Personnel | | |
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| Contractors/Consultants | | |
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Fiscal Year 2004

Organizational Budget Detail Worksheet

State: Mississippi Jurisdiction: _____ Organizational Total:

Date:

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| Sub-Total: | | |
| Meeting Expenses | | |
| Sub-Total; | | |
| Office Equipment | | |
| Sub-Total: | | |
| Supplies | | |
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| Total Jurisdictional Allocation: | ···· | |



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MINUTES

BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Fiscal Year 2004

section of the

Training Budget Detail Worksheet

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Fiscal Year 2004

Exercise Budget Detail Worksheet

Date:

State: Mississippi Jurisdiction: Exercise Total:

| Exercise Budget Category | ltem | Amount |
|-----------------------------|------|--------|
| Personnel (Full, Part-Time) | | |
| Sub-Total: | | |
| Contractors/Consultants | | |
| Sub-Total: | | |
| Overtime/Backfill | | |
| Sub-Total: | | |
| Travel | | |
| Sub-Total: | | |
| Supplies | | |
| Sub-Total: | | |
| Other Items | | |
| Sub-Total: | | |
| Total Allocation: | | |
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Fiscal Year 2004

Administrative Budget Detail Worksheet

State: Mississippi Jurisdiction: Date:

Administrative Total:

| Administrative Budget Category | ltem | Amount |
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| Total Jurisdictional Allocation: | | |

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ANNEX C

FISCAL YEAR 2004

CITIZEN CORPS GRANT PROGRAM

CITIZEN CORPS PROGRAM FISCAL YEAR 2004

CERT \$2,910.00 Administrative & Management Costs: \$90.00

TOTAL AWARD :

\$3,000.00

Authorized Program Expenditures

Allowable Planning Costs

Costs associated with activities to develop and implement a State, regional or local Citizen Corps plan are allowable under this program. Applicable costs may include: 1) collecting information on existing resources and volunteer activities within the community; 2) meetings of the Citizen Corps Council and other community stakeholders; 3) a system to track activities and participants (in compliance with applicable privacy laws); 4) website maintenance; 5) travel expenses for staff and/or volunteers to attend meetings or training sessions; 6) survey methodologies to assess citizen preparedness, training, and volunteerism; 7) hiring of full or part-time staff or contractors/consultants to assist with any of the above activities ; 8) conducting local or regional program implementation meetings.

Allowable Public Education / Outreach Costs

To accomplish the mission to have all citizens participate in making America safer, Citizen Corps Councils may develop public education and outreach materials to educate and engage the public, to include materials tailored to special needs populations. Allowable expenditures include materials to support a public awareness campaign, media coverage, outreach activities, and public events, such as 1) Public Safety Announcements; 2) printed advertising; 3) billboards; 4) promotional flyers; 5) booth displays; 6) conference backdrops; 7) podium signs; 8) recognition pieces for Citizen Corps partners; 9) recognition for special commendation in support of the mission; 10) informational buttons, pins, key chains, and magnets; and, 11) publications, posters, buck slips; and other materials that either encourage the public to participate, educate the public, or recognize and support our partners to build a strong, broad-based coalition of programs and organizations that make a commitment to further the Citizen Corps mission.

Allowable Training / Exercise / Equipment Costs

Citizen Corps funds may be used for training, exercise, and equipment costs related to citizen education and participation in the Citizen Corps mission of safer communities. Training supported through the FY 2004 Citizen Corps Program may focus on the following areas: emergency preparedness, basic first aid, life saving skills, crime prevention, public health issues, mitigation, safety in the home, or other training that promotes community safety. Specific consideration should be given to training all ages, ethnic groups, and special needs populations.

Exercises specifically designed for citizens are allowable activities and may include testing public warning systems, evacuation/shelter in place capabilities or testing family/business preparedness. Examples of appropriate volunteer citizen support for emergency preparedness and response exercises include CERT participation, back filling non-professional tasks for first responders deployed on exercise, administrative and logistical assistance with exercise implementation, and providing simulated victims, press, and members of the public.

Allowable costs include: 1) instructor preparation and delivery time (to include overtime costs); 2) hiring of full or part-time staff or contractors/consultants to assist with conducting the training and/or managing the administrative aspects of conducting the training; 3) creation and maintenance of a student database; 4) rental of training facilities; 5) printing course materials to include instructor guides, student manuals, brochures, certificates, handouts, newsletters and postage (although preference is for an electronic newsletter with email addresses as part of the database unless the individuals or areas to be served have limited access to electronic communications); 6) course materials specific to the subject matter, such as bandages, gloves, fire extinguishers, mannequins; 7) outfitting CERT members with a hard hat, safety vest, goggles, and gloves; 8) personal protective equipment for volunteer responders; 9) equipment related to specific training or volunteer assignments; and 10) costs associated with design, development, and conduct of exercises specifically for citizens or to support the citizen component of first responder exercises, to include preparing citizens for their role in the exercise.

Allowable Volunteer Program Costs

One of the goals for Citizen Corps Councils is to provide volunteer service opportunities across all emergency prevention, preparedness and response disciplines, for community safety efforts, and for disaster relief. Citizen Corps funding may be used to establish or enhance volunteer program and volunteer recruitment efforts for Neighborhood Watch, CERT, VIPS, and MRC; for the Citizen Corps affiliate programs; for other DHS funded programs and initiatives; for outreach and training activities; and to support the Citizen Corps Council.

To assist local communities with engaging volunteers, Citizen Corps funds may be used to pay for the costs of: 1) recruiting; 2) screening/assessing; 3) training; 4) retaining/motivating; 5) recognizing; and 6) evaluating volunteers who support law enforcement, fire, emergency medical services, public works, emergency management, disaster relief organizations, community safety efforts, and citizen preparedness in the home, schools, the workplace, and throughout the community. Funds may also be used to evaluate volunteer programs, to include: 1) cost/benefit analysis, 2) how programs can share resources, and 3) hiring of full or part-time staff or contractors/consultants to assist with evaluations. To the extent possible, expenditures should be made to benefit multiple programs.

Allowable Management and Administrative Costs

No more than 3% of the total amount allocated for SHSP may be used statewide for M & A purposes.

The following is a list of allowable M & A expenditures:

- Hiring of full-time or part-time staff or contractors/consultants to assist with the management of SHSP FY04
- Hiring of full-time or part-time staff or contractors/consultants to assist with the implementation and administration of the State Homeland Security Strategy
- Travel expenses
- Meeting-related expenses (For a complete list of allowable meeting-related expenses, please review the OJP Office of the Comptroller (OC) Financial Guide at http://www.ojp.usdoj.gov/FinGuide).
- Acquisition of authorized office equipment (Note: Authorized office equipment
- includes personal computers, laptop computers, printers, LCD projectors, and other equipment or software which may be required to support the implementation of the State Strategy.)
- Recurring fees/charges associated with certain equipment, such as cell phones, faxes, etc.
- · Leasing and/or renting of space for newly hired personnel to administer the CCP

Unauthorized Program Expenditures

Unauthorized program expenditures include: 1) expenditures for items such as general use software (word processing, spreadsheet, graphics, etc), general-use computers (other than for allowable M & A activities, or otherwise associated preparedness or response functions) and related equipment, general-use vehicles, licensing fees, weapons systems and ammunition; 2) activities unrelated to the completion and implementation of the CCP; 3) other items not in accordance with the Authorized Equipment List or previously listed as allowable costs; and, 4) construction or renovation of facilities.

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Designation of Subgrantee Grant Administrator (SGA) CITIZEN CORPS PROGRAM

The following person is officially appointed to represent the your jurisdiction as the *Subgrantee* Grant Administrator (SGA) and is hereby duly authorized to fulfill the terms of this Cooperative Agreement during the performance period on behalf of the *Subgrantee*.

| Name: | Title: |
|---------------------------------------|-------------------|
| Name:(Subgrantee Grant Administrator) | |
| | |
| Organization Name: | |
| Mailing Address: | |
| City: | Zip Code |
| Telephone Number: () | Fax Number: () |
| Cellular Number: () | Pager Number: () |
| Email Address: | |
| | |
| | |
| Appointed by: | Date: |

(Print Subgrantee Official's Name)
Signed: Title:

(Signature)

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CITIZEN CORPS PROGRAM

Subgrantee will prepare a narrative statement in the Scope of Work describing how the jurisdiction will use allocated funds to support the defined projects and objectives from the State's Homeland Security Strategy.

The Scope of Work should describe how the FY 2004 Citizen Corps Program funds would be used to support Citizen Corps Councils with planning, outreach, and management of Citizen Corps programs and activities. The FY 2004 CCP provides the resources necessary for States and local communities to: 1) bring together the appropriate leadership to form and sustain a Citizen Corps Council; 2) develop and implement a plan for the community to engage all citizens in homeland security, community preparedness, and family safety; 3) conduct public education and outreach in order to inform the public about their role in crime prevention, mitigation, emergency preparedness for all hazards, and public health measures, including bioterrorism, and to encourage personal responsibility and action; 4) develop and implement Citizen Corps programs offering training and volunteer opportunities to support first responders, disaster relief groups, and community safety efforts, to include the four charter federal programs: Community **Emergency Response Teams (CERT)**, Neighborhood Watch, Volunteers in Police Service (VIPS), and Medical Reserve Corps (MRC); and 5) coordinate Citizen Corps

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activities with other DHS funded programs and other federal

initiatives.

ALLOWABLE PROJECTS, GOALS & OBJECTIVES:

<u>CCP</u>

PROJECT:

Minimize potential damage and enhance recovery from attacks that may occur.

GOAL:

Through disaster management, including the functions of crisis and consequence management, minimize potential damage and enhance recovery from attacks that may occur.

Objectives:

Develop Citizen Corps programs, including Citizen Corps councils, CERT and Medical Reserve Corps statewide to promote existing state and local government partnerships with citizen volunteers within 3 years after approval of state strategy.

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MINUTES BOARD OF SUPERVISORS, HARRISON COUNTY, MISSISSIPPI MAY 2004 TERM

Fiscal Year 2004

Planning Budget Detail Worksheet

Date:

State: Mississippi Jurisdiction: ______ Activity (Citizen Corps, CERT, MRC, etc) ____

Planning Total:

| Planning Budget Category | Item | Amount |
|----------------------------------|------|--------|
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| Personnel (Full, Part-time) | | |
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Fiscal Year 2004

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Training Budget Detail Worksheet

Date:

State: Mississippi Jurisdiction: _______ Activity (Citizen Corps, CERT, MRC, etc) Training Total:

| Training Budget Category | Item | Amount |
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| Personnel (Full, Part-Time) | | |
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| Total Allocation: | | |

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Fiscal Year 2004

Exercise Budget Detail Worksheet

Date:

State: Mississippi Jurisdiction: ______ Activity (Citizen Corps, CERT, MRC, etc) Exercise Total:

| Exercise Budget Category | Item | Amount |
|--------------------------------|---------------------------------------|--------|
| Personnel (Full, Part-Time) | | |
| Sub-Total: | | |
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Fiscal Year 2004

Administrative Budget Detail Worksheet

Date:

State: Mississippi Jurisdiction: ________ Activity (Citizen Corps, CERT, MRC, etc) Administrative Total:

| Administrative Budget Category | Item | Amount |
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| Total Jurisdictional Allocation: | | |

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|--|---|---|-----|
| | Designation of Subgrantee Grant A | dministrator (SGA) | |
| | | | |
| | The following person is officially appointed to represent th Grant Administrator (SGA) and is hereby duly authorized t Agreement during the performance period on behalf of the s | o fulfill the terms of this Cooperative | |
| | | | |
| | Name: LINDA ROUSE (Subgrantee Grant Administrator) | Títle: DIRECTOR | |
| | | | |
| | Organization Name: HARRISON COUNTY CIVIL DEF | 'ENSE | |
| | Mailing Address: POST OFFICE BOX 68 | · | |
| | | Zip Code <u>39502</u> | •.• |
| | | mber: (22) <u>865–4087</u> | |
| | Cellular Number: (22) 518–0751 Pager P | · · · · · · | 143 |
| | Email Address: <u>lindarouse@co.harrison.</u> ms.us | • . | |
| | | | |
| ر قانی رو این | | | |
| | Appointed by:(Print Subgrantee Official's Name) | Date: | |
| | | T. 11 | |
| | Signed:(Signature) | Title: | |
| | | • | |
| | | | |

Supervisor WILLIAM M. MARTIN seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

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Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER APPROVING SUMMER HOURS FOR HARRISON COUNTY SKATE PARK BEGINNING MAY 25, 2004 AS FOLLOWS

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE summer hours for Harrison County Skate Park beginning May 25, 2004 as follows: Monday-Closed Tuesday-Saturday 10AM-7PM Sunday-12 noon-5PM

Supervisor WILLIAM M. MARTIN seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

* *

Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER APPROVING SENDING LETTER OF OBJECTION TO THE DEPARTMENT OF MARINE RESOURCES REGARDING EXTENDING TWO DRAINAGE CHANNELS THAT WOULD DRAIN INTO TURKEY CREEK

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE sending letter of objection to the Department of Marine Resources regarding extending two drainage channels that would drain into Turkey Creek.

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the

Supervisors present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER APPROVING APPROPRIATION IN THE AMOUNT OF \$400,000.00 TO THE CITY OF BILOXI, POPPS FERRY CAUSEWAY PARK FOR BOARDWALK, AS PER INTERLOCAL ACREEMENT, PAYABLE FROM ACCOUNT NUMBER 382-542-581

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE appropriation in the amount of \$400,000.00 to the city of Biloxi, Popps Ferry Causeway Park for boardwalk, as per interlocal agreement, payable from account number 382-542-581.

Supervisor MARLIN R. LADNER seconded the motion to adopt the above and

foregoing order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN R. LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M. ROCKCO voted | AYE |

The motion having received the affirmative vote from the majority of the

supervisors present, the president declared the motion carried and the order adopted.

THIS the 24th day of May, 2004.

Supervisor MARLIN R. LADNER moved adoption of the following:

ORDER APPROVING EMPLOYMENT OF MEADOWS RILEY LAW FIRM TO FILE AN ANSWER IN THE MATTER OF PARKER VS. HARRISON COUNTY

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY APPROVE employment of Meadows Riley Law Firm to file an answer in the matter of Parker vs. Harrison County.

Supervisor **CONNIE M. ROCKCO** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

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present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

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Supervisor LARRY BENEFIELD moved adoption of the following:

ORDER AUTHORIZING ADVERTISEMENT FOR BIDS FOR RE-ROOFING OF LYMAN SENIOR CENTER

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY AUTHORIZE advertisement for bids for re-roofing of Lyman Senior Center.

Supervisor WILLIAM M. MARTIN seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W, MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

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Supervisor MARLIN R. LADNER moved, and Supervisor CONNIE M. ROCKCO seconded, adoption of the following:

ENTER CLOSED SESSION to discuss whether or not to enter executive session to discuss the following:

we Automatical and the state

Personnel matter

Litigation

There was a unanimous vote by the members present to enter closed session.

ALL ORDERED AND DONE, this the 24th day of May 2004.

* * *

Supervisor CONNIE M. ROCKCO moved, and Supervisors MARLIN R. LADNER seconded, adoption of the following:

ENTER EXECUTIVE SESSION.

There was a unanimous vote by the members present to enter executive session.

ALL ORDERED AND DONE, this the 24th day of May 2004.

* * *

Supervisor WILLIAM M. MARTIN moved, and Supervisor CONNIE M. ROCKCO seconded, adoption of the following:

RECONVENE FROM EXECUTIVE SESSION.

There was a unanimous vote by the members present to reconvene from executive session.

The Board Attorney reported that no action was taken.

ALL ORDERED AND DONE, this the 24th day of May 2004.

Supervisor WILLIAM M. MARTIN moved adoption of the following:

ORDER APPROVING CHANCERY CLERK TO ATTEND THE MISSISSIPPI ASSOCIATION OF SUPERVISORS CONVENTION IN TUNICA, MS, JUNE 14-17, 2004

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the

Board does HEREBY APPROVE Chancery Clerk to attend the Mississippi Association of

Supervisors Convention in Tunica, MS, June 14-17, 2004.

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Supervisor CONNIE M. ROCKCO seconded the motion to adopt the above and

foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

*

present, the President then declared the motion carried and the Order adopted.

*

THIS, the 24th day of May 2004.

Supervisor CONNIE M. ROCKCO moved adoption of the following:

ORDER REQUESTING BOARD ATTORNEY TO GET AN ATTORNEY GENERAL'S OPINION ON INDIGENT FEES FOR HOUSE ARREST PROGRAM

ORDERED BY THE BOARD OF SUPERVISORS OF HARRISON COUNTY, MISSISSIPPI, that the Board does HEREBY REQUEST Board Attorney to get an Attorney General's opinion on indigent fees for House Arrest Program.

Supervisor **BOBBY ELEUTERIUS** seconded the motion to adopt the above and foregoing Order, whereupon the question was put to a vote with the following results:

| Supervisor BOBBY ELEUTERIUS voted | AYE |
|------------------------------------|-----|
| Supervisor LARRY BENEFIELD voted | AYE |
| Supervisor MARLIN LADNER voted | AYE |
| Supervisor WILLIAM W. MARTIN voted | AYE |
| Supervisor CONNIE M . ROCKCO voted | AYE |

The Motion having received the affirmative vote from the majority of the Supervisors

present, the President then declared the motion carried and the Order adopted.

THIS, the 24th day of May 2004.

The following items came up for discussion by the Board, with no action being taken at this time:

1) Board President Eleuterius thanked everyone for all their cards and prayers and he is glad to be back.

2) Supervisor Rockco asked Code Administrator to check on property on McGine Road that needs to be cleaned.

3) Supervisor Martin requested County Engineer to check water problems at Jack & Florence Coldin Recreational complex.

4) Supervisor Benefield requested Sheriff's department to provide actual cost to run MDOT anti-litter program and also requested clean up on County roads and not just State roads.

5) Supervisor Ladner stated that Mike Wilson and his staff are doing a great job.

6) Supervisor Martin stated that Harrison County wanted to wait until one million dollar study by Corps of Engineers was completed before any drainage projects were approved and also requested a copy of the letter to be sent to DMR to that effect.

ORDERED that the Board ADJOURN IN THE FIRST JUDICIAL DISTRICT until Term in Course. THIS, the 24th day of May 2004.

Boliby Flentenne PRESIDENT

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