

# Sub-Grantee Questionnaire

This questionnaire gathers preliminary details required prior to the routing and awarding of grant funds from the Office of Community Health Improvement with the Mississippi State Department of Health.

## Sub-Grantee Information

Subgrantee/Organization Name: City of Tupelo

Street Address: 71 East Troy Street, Tupelo, MS 38804

Post Office Box: PO Box 1485 Tupelo MS 38802

City: Tupelo State: MS

EIN: 64-6001140 UEI: DK 9PFM6XSDR7

Email Address: abby.christian@tupeloms.gov

Telephone: 662 - 687 - 4269

Mayor: Todd Jordan Phone: 662-231-9181

Email Address: todd.jordan@tupeloms.gov

Fiscal Director/Accountant: Kim Hanna Phone: 662-401-6993

Email Address: kim.hanna@tupeloms.gov

Sub-Grant Contact Person, Title: Jenny Savely, City Planner Phone: 662-208-5063

Email Address: jenny.savely@tupeloms.gov

## Sub-Grant Information

Sub-Grant Title: Mayor's Health Council

**Description:** Establish a coalition to assess community health related to prevention, diversion, and health disparities and provide community engagement opportunities for assessment data and education as well as establishing interest. The coalition will establish a Mayor's Health Council of stakeholders in organizations with shared goals as the coalition. Outcomes may include development of a sustainability plan through policy reformation, established funding sources for identified prevention and diversion projects, ongoing collaboration through continuation of the Mayor's Health Council, and continued networking with other industry sectors addressing social determinants of health.

Start Date: May 8, 2024 End Date: August 31, 2024

Dates are Tentative

Total Sub-grant Amount: \$5,000.00 Payment Basis: Monthly (Or Upon Completion of Activities)

## Payment Verification

W9 Completed?  Yes  No

Review page 2 and complete the process for MAGIC and Paymode if incomplete before returning questionnaire by the identified due date above.

Registration completed in MAGIC?  X  Ye  No

Registration completed for PAYMODE?  X  Ye  No

Technical Assistance for MAGIC, PAYMODE, and DUNS

### **MAGIC**

To register for MAGIC, please visit the following website.

1. [https://sus.magic.ms.gov/sap/bc/webdynpro/sapsrm/wda\\_e\\_suco\\_sreg?sap-client=100#](https://sus.magic.ms.gov/sap/bc/webdynpro/sapsrm/wda_e_suco_sreg?sap-client=100#)
2. The only problem may be with the Product Category. Clicks add categories; enter a short description with asterisks before & after the description and then remove the 500 restrictions from the maximum # of hits
3. Include proof of completion with attachments
4. For assistance with MAGIC, the helpdesk number is 601-359-1343.

### **PAYMODE**

Once registered in MAGIC please complete the following steps to receive DIRECT DEPOSIT:

1. <http://www.dfa.ms.gov/applications/paymode/paymode-electronic-payment-and-remittance/>
2. Go to the search option and type in PAYMODE
3. Click on PAYMODE-ELECTRONIC PAYMENT AND REMITTANCE
4. Click the link in paragraph two (2) <http://portal.paymode.com/ms/>
5. Include proof of completion with attachments
6. If more assistance is needed, the help number for PAYMODE is 1-866-252-7366

### **DUNS (if needed)**

To register for a Data Universal Number System (DUNS):

1. Visit [SAM Webform : Home \(dnb.com\)](http://www.dnb.com). Registering for a DUNS number is free of charge. The information listed below is required to obtain a DUNS number:
  - a. Name of organization
  - b. Organization address
  - c. Name of the chief executive officer (CEO) or organization owner
  - d. Legal structure of the organization (e.g., corporation, partnership, proprietorship)
  - e. Year the organization started
  - f. Primary type of business
  - g. Total number of employees (full and part-time)
2. The DUNS is required to ensure vendors are not suspended, debarred, or otherwise excluded by the federal government from receiving federal funds. The agency needs the DUNS number to conduct this review before we contract with a vendor receiving federal funds.

### Attachments

Please complete the attached documents for questionnaire to be considered complete

1. W-9
2. conflict of Interest
3. Proof of Completion/Enrollment: MAGIC & PAYMODE (submitted by Sub-Grantee)