

Appendix Documents

Grant Agreement Certifications

Below please assign **three (3) separate persons** to hold the following responsibilities: Sub-Recipient Grant Administrator, Financial Officer, and the Grant Authorized Signatory Official. The Sub-Recipient Administrator will be responsible for the day-to-day activities, correspondence, and management of the grant program. The Financial Officer is responsible for the payment, purchasing and gathering of all financial information and back up documentation. The Grant Authorized Signatory Official is the overall head of the agency that hold the full responsibility of the program to remain in state and federal compliances.

Staff that may be grant funded cannot be an authorized official on the grant without the written approval of the Executive Director.

Agency Name: City of Tupelo, Inc. Grant Number: 22LE366B
Agency Address: 71 E Troy St, Tupelo, MS 38804
Agency Phone Number: 662-841-6565 Agency Fax Number: 662-840-2579

Sub-Recipient Grant Administrator Certification

I certify that I understand and agree to comply with the general and fiscal provisions of this grant agreement including all terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with the awarded agency. I am duly authorized by the Sub-Recipient to perform the tasks of the Sub-Recipient Grant Administrator (SGA), as they relate to the requirements of this Grant Agreement; costs incurred prior to Grantee approval may result in the expenditures being absorbed by the Sub-Recipient; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: Abby Christian Title: Grant Administrator
(Designated Sub-Recipient Grant Administrator)

Phone Number: 662-841-6565

Email Address: abby.christian@tupeloms.gov

Signature of Sub-Recipient Grant Administrator: _____

Financial Officer Certification

I certify that I understand and agree to comply with the general and fiscal provisions of this grant agreement including all terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with the awarded agency. I am duly authorized by the Sub-Recipient to perform the tasks of the Financial Officer, as they relate to the requirements of this Grant Agreement; costs incurred prior to Grantee approval may result in the expenditures being absorbed by the Sub-Recipient; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: Kim Hanna Title: CFO/City Clerk
(Sub-Recipient Financial Officer)

Phone Number: 662-841-6502

Email Address: kim.hanna@tupeloms.gov

Signature of Sub-Recipient Financial Officer: _____

Authorized Signatory Official Certification

I certify that I understand and agree to comply with the general and fiscal provisions of this grant agreement including all terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with the awarded agency. I am duly authorized by the Sub-Recipient to perform the tasks of the Grant Authorized Signatory Official, as they relate to the requirements of this Grant Agreement; costs incurred prior to Grantee approval may result in the expenditures being absorbed by the Sub-Recipient; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: Todd Jordan Title: Mayor
(Grant Authorized Signatory Official)

Phone Number: 662-841-6413

Email Address: todd.jordan@tupeloms.gov

Signature of Authorized Signatory Official: _____

Designation of Sub-Recipient Grant Administrator (SGA)

Pursuant to the Mississippi Office of Homeland's requirements that the signatory official is the only person authorized to sign official documentation in relation to the sub-grant, such as financial reimbursement, performance reports, etc. The (agency/department name) City of Tupelo, Inc. has authorized and approved (print designated sub-recipient grant administrator official name) Abby Christian to sign any/all forms related to this Grant Agreement.

Upon approval of this request said person will then be **Responsible/Liable**, as the signatory official, for claims and reporting submitted by them to this agency. The approval of this request will allow this person to complete required documentation in the absence and/or on behalf of the signatory official.

The following person is officially appointed to represent your jurisdiction as the Sub-Recipient Grant Administrator (SGA) and is hereby duly authorized to fulfill the terms of this Grant Agreement during the performance period on behalf of the Sub-Recipient.

Sub-Recipient Grant Administrator (SGA)

Name: Abby Christian Title: Grant Administrator
(Designated Sub-Recipient Grant Administrator)

Agency Name: City of Tupelo, Inc.

Mailing Address: 71 E. Troy St

City: Tupelo Zip Code: 38804

Telephone Number: 662-841-6565 Fax Number: 662-840-2579

Email Address: abby.christian@tupeloms.gov

Signature of Sub-Recipient Grant Administrator: _____

Grant Authorized Signatory Official

Appointed by Authorized Signatory Official: (Mayor, Board President, Commissioner, Director, Superintendent)

Authorized Signatory Official Signature: _____

Title: Mayor

Date: _____

Grant Agreement-Scope of Work

Please provide a detailed description of work and grant activities that the awarded jurisdiction will take part in with the use of grant funds. Please include how the grant funds, equipment, supplies, etc. will be used to prevent and protect against terrorist activities.

With the purchase of this one man portable EOD robot for rapid deployment (and accessories), the Tupelo EOD Unit/Tupelo Police Department will improve their capability to mitigate and respond to security events. Specifically, this robot will enhance the department's ability to respond to incidents of terrorism. The ultimate goal of the Tupelo EOD Unit is to provide prevention, deterrence and emergency response to a potential terrorism event within the state of MS.

Upon contract execution, the City of Tupelo SGA will initiate reverse bids and make sure all state procurement practices are followed. Upon closing of bids, we will issue a purchase order, receive an invoice, and I pay our invoice. Upon receipt of item, we will inventory our item(s), applying asset tags and populating the inventory sheet.

Quarterly, the SGA will complete the quarterly and programmatic reports and return to the Program Manager.

Upon completion of all grant activities, the SGA will submit a closeout form and inventory form, along with all purchase orders, quotes, invoices, check copies, and photos to the Program Manager.

Federal Funding Accountability and Transparency Act (FFATA) Compliance Form

To comply with the Federal Funding Accountability and Transparency Act (FFATA), the MOHS must report award information for all sub-recipients of federal awards as directed. Information provided will be made publicly available on USA Spending <http://www.usaspending.gov/> per the Transparency Act requirement.

Section 1: Award Information:

Agency Name	City of Tupelo, Inc.
City	Tupelo
Zip Code +4 Digits (Required)	38804-4747
Unique Entity Identification (UEI) #	DK9PFM6XSDR7
Amount of Award:	\$100,000

Section 2: Compensation Information: Answer only if award is \$30,000.00 or more in federal funds)

- More than 80% of the Agency organization's annual gross revenue are federal funds.
☐ Yes (If yes, proceed to Question 2)
☒ No (If No, stop, proceed to Section 3)
- Federal Revenue exceeds twenty-five (25) million dollars.
☐ Yes (If Yes, proceed to Question 3)
☒ No (If No, stop, proceed to Section 3)
- Compensation information is not publicly available via federal tax filings, Securities and Exchange Commission (SEC) reporting, or any other source. (If other, please indicate: _____)
☐ Yes (If Yes, proceed to Table)
☐ No (If No, stop, proceed to Section 3)

Names and Salary of Organizations Top Five (5) Executives (By Salary)

	First and Last Name	Title	Annual Salary
1.			
2.			
3.			
4.			
5.			

Section 3: Certification of Information:

I certify that the above information is true and accurate.

Authorized Signatory Official (Signature)

Date

Todd Jordan

Authorized Signatory Official (Printed Name)

Mayor

Title