

**ORDER: APPROVE DOCUMENTATION FOR A NRCS EMERGENCY
WATERSHED PROTECTION PROJECT ON FOUR MILE BRANCH
WEST OF BRITTANY WOODS SUBDIVISION, INCLUDING THE
ASSURANCES RELATING TO REAL PROPERTY ACQUISITION
FORM**

Motion was made by Jeff Busby, duly seconded by Kevin Frye, to approve documentation for a NRCS Emergency Watershed Protection project on 4 Mile Branch west of Brittany Woods Subdivision, including the Assurances relating to Real Property Acquisition form.


The vote on the motion was as follows:

Supervisor Kevin Frye. voted yes
Supervisor Jeff Busby. voted yes
Supervisor David Rikard. voted yes
Supervisor Chad McLarty. voted yes
Supervisor Mike Roberts. voted yes

After the vote, President Busby, declared the motion carried, this the 16th day of May, 2016.



Jeff Busby, President
Board of Supervisors



Sherry Wall, Chanler Clerk

Application for Federal Assistance SF-424*** 1. Type of Submission:**☐ Preapplication☒ Application☐ Changed/Corrected Application*** 2. Type of Application:**☒ New☐ Continuation☐ Revision*** If Revision, select appropriate letter(s):***** Other (Specify):****4. Applicant Identifier:****5a. Federal Entity Identifier:****5b. Federal Award Identifier:****State Use Only:****6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:***** a. Legal Name:** Lafayette County Board of Supervisors*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

64-6000557

*** c. Organizational DUNS:**

0092230250000

d. Address:*** Street1:**

300 North Lamar Blvd.

Street2:*** City:**

Oxford

County/Parish:*** State:**

MS: Mississippi

Province:*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:** 38655**e. Organizational Unit:****Department Name:****Division Name:****f. Name and contact information of person to be contacted on matters involving this application:****Prefix:**

Ms.

*** First Name:**

Lisa

Middle Name:*** Last Name:**

Carwyle

Suffix:**Title:** County Administrator**Organizational Affiliation:**

Lafayette County Board of Supervisors

*** Telephone Number:** 662-236-2717**Fax Number:** 662-234-5402*** Email:** LCarwyle@lafayettecoms.com

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

USDA, Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.923

CFDA Title:

Emergency Watershed Protection Program

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Suncrest Drive - stabilization of creek bank of Fourmile Branch with earthfill and rock riprap, to protect utilities and property

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="14,232.00"/>
* b. Applicant	<input type="text" value="4,313.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="18,545.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

ADMINISTRATIVE READINESS QUESTIONNAIRE

The purpose of this questionnaire is to help determine if a Sponsor is adequately equipped to administer EWP funds. If an applicant is not equipped, the applicant may be asked to retain the services of a qualified organization to assist in administering EWP funds. Please complete the entire questionnaire as candidly as possible. A copy of this questionnaire must be returned to the NRCS program manager before an EWP cooperative agreement will be executed with a Sponsor.

NRCS Contact Nick Specker	Phone Number (662)844-2341 ext. 120
Email Address nick.specker@ms.usda.gov	State Mississippi

Sponsor Lafayette County Board of Supervisors	Contact Name Jeff Busby
Street Address 300 North Lamar Blvd.	Phone Number 236-2717
City/state Oxford, MS 38655	Email lcarwyle@lafayettecoms.com

1. Have you or your staff administered grants or loans from other federal programs in the past? yes
2. Have you or your staff previously (check all that apply):
 - X Completed actions in a competitive bidding process that was funded totally or in part with federal dollars.
 - X Prepared a solicitation package for a project that included federal financial assistance funds and was developed in accordance with state law?
 - X Obtained performance bonds from a contractor performing work under a contract funded totally or in part with federal dollars?
 - X Administered contracts funded totally or in part with federal dollars?
3. Are you or your staff experienced with federal requirements related to (check all that apply):
 - X Project funds, financial management and audit requirements
 - X Real property acquisition or easements
4. Does your organization have a financial management system in place that meets the requirements of 2 CFR 200.302? yes
5. Does your organization have an active system for award management (SAM) registration? yes
6. Does your organization have procurement standards in place that meet the requirements of 2 CFR 200.317? yes
7. Will you require assistance from an outside organization to meet these requirements? no

Sponsor Signature/Date	Name/Title Jeff Busby, President, Lafayette Co. Board of Supervisors
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ASSURANCES RELATING TO REAL PROPERTY ACQUISITION

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- A. PURPOSE — This form is to be used by sponsor(s) to provide the assurances to the Natural Resources Conservation Service of the U.S. Department of Agriculture which is required in connection with the installation of project measures which involve Federal financial assistance furnished by the Natural Resources Conservation Service.
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- B. PROJECT MEASURES COVERED —

Name of project Suncrest Drive

Identity of improvement or development streambank stabilization - Fourmile Branch

Location 1022 Suncrest Drive, Brittany Woods Subdivision, Lafayette County, MS

- C. REAL PROPERTY ACQUISITION ASSURANCE —

This assurance is applicable if real property interests were acquired for the installation of project measures, and/or if persons, businesses, or farm operations were displaced as a result of such installation; and this assurance was not previously provided for in the watershed, project measure, or other type of plan.

If this assurance was not previously provided, the undersigned sponsor(s) hereby assures they have complied, to the extent practicable under State law, with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act (42 U.S.C. 4601-4655), as implemented in 7 C.F.R. Part 21. Any exceptions taken from the real property acquisition requirements under the authority of 42 U.S.C. 4655 because of State law have been or is hereby furnished to the Natural Resources Conservation Service along with the opinion of the Chief Legal Officer of the State containing a full discussion of the facts and law furnished.

- D. ASSURANCE OF ADEQUACY OF REAL PROPERTY RIGHTS —

The undersigned sponsor(s) hereby assures that adequate real property rights and interests, water rights if applicable, permits and licenses required by Federal, State, and local law, ordinance or regulation, and related actions have been taken to obtain the legal right to install, operate, maintain, and inspect the above-described project measures, except for structures or improvements that are to be removed, relocated, modified, or salvaged before and/or during the installation process.

This assurance is given with the knowledge that sponsor(s) are responsible for any excess costs or other consequences in the event the real property rights are found to be inadequate during the installation process.

Furthermore, this assurance is supported by an attorney's opinion attached hereto that certifies an examination of the real property instruments and files was made and they were found to provide adequate title, right, permission and authority for the purpose(s) for which the property was acquired.

If any of the real property rights or interests were obtained by condemnation (eminent domain) proceedings, sponsor(s) further assure and agree to prosecute the proceedings to a final conclusion and pay such damages as awarded by the court.

Lafayette County Board Of Supervisors

(Name of Sponsor)

By: _____

Title: President

Date: _____

This action authorized _____ of the Lafayette County
at an official meeting _____
Board of Supervisors _____ on the 16th

day of May _____, 19____,

at Oxford, MS

State of Mississippi

Attest: _____
(Name)

Sherry Wall, Chancery Clerk
(Title)

(Name of Sponsor)

By: _____

Title: _____

Date: _____

This action authorized _____
at an official meeting _____
_____ on _____

day of _____, 19____,

at _____

State of _____

Attest: _____
(Name)

(Title)