

MISSISSIPPI DEVELOPMENT AUTHORITY

MODIFICATION SIGNATURE SHEET

501 North West Street • Post Office Box 849

Jackson, Mississippi 39205

1. Recipient's Name, Address and Telephone No.

Harrison County
 P. O. Drawer CC
 Gulfport, MS 39502

 865-4116

2. Effective Date

3. Contract Number:

Grant Number:

R-103-024-03-KED

R-103-024-03-KED

4. Modification Number: 5

5. Grant Identifier: (Funding Source & Year) 14.219 & 14.228

6. Beginning & Ending Dates: 09/17/08/09-17-13

7. Page 1 of 3

	KCDBG	Other:	Other:
From	17,339,282.00	65,000,000.00	0.00
To	17,339,282.00	65,000,000.00	0.00
Increase of		0.00	0.00
Decrease of			

9. The above recipient is hereby modified as follows: This modification is to extend the contract date.

10. Except as hereby modified, all terms and conditions of the subcontract remain unchanged.

11. Approved for Agency:

Signature _____ Date _____
 Name: Steve Hardin
 Title:

12. Approved for Recipient:

Signature _____ Date _____
 Name: Kim B. Savant
 Title: Board President

MISSISSIPPI DEVELOPMENT AUTHORITY

MODIFICATION SIGNATURE SHEET

501 North West Street • Post Office Box 849

Jackson, Mississippi 39205

1. Recipient's Name, Address and Telephone No.

Harrison County
P. O. Drawer CC
Gulfport, MS 39502

228-865-4116

2. Effective Date

3. Contract Number:

R-109-024-02-KCR

Grant Number:

R-109-024-02-KCR

4. Modification Number: 4

5. Grant Identifier: (Funding Source & Year) 14.219 & 14.228

6. Beginning & Ending Dates: 11-17-08/11-17-13

7. Page 1 of 3

	KCDBG	Other: Federal	Other: Local/Private
From	6,468,418.53		0.00
To	6,468,418.53		0.00
Increase of	0.00	0.00	0.00
Decrease of			

9. The above recipient is hereby modified as follows: This modification is for contract extension only.

10. Except as hereby modified, all terms and conditions of the subcontract remain unchanged.

11. Approved for Agency:

Signature _____ Date _____
Name: Jon Mabry Title:
Chief Operating Officer
Disaster Recovery

12. Approved for Recipient:

Signature _____ Date _____
Name: Kim B. Savant
Title: Board President

MISSISSIPPI DEVELOPMENT AUTHORITY

MODIFICATION SIGNATURE SHEET

501 North West Street • Post Office Box 849

Jackson, Mississippi 39205

1. Recipient's Name, Address and Telephone No. Harrison County P. O. Drawer CC Gulfport, MS 39502 228-865-4116	2. Effective Date	
	3. Contract Number:	Grant Number:
	R-109-024-03-KCR	R-109-024-03-KCR
	4. Modification Number: 4	
	5. Grant Identifier: (Funding Source & Year) 14.219 & 14.228	
	6. Beginning & Ending Dates: 11-7-08/06-30-13	
	7. Page 1 of 3	

	KCDBG	Other: Federal	Other: Local/Private
From	1,543,400.00		0.00
To	1,543,400.00		0.00
Increase of	0.00	0.00	0.00
Decrease of	0.00		

9. The above recipient is hereby modified as follows: This modification is for contract extension only .

10. Except as hereby modified, all terms and conditions of the subcontract remain unchanged.

11. Approved for Agency:		12. Approved for Recipient:	
Signature _____	Date _____	Signature _____	Date _____
Name: Jon Mabry	Title:	Name: Kim B. Savant	
Chief Operating Officer		Title: Board President	
Disaster Recovery			