



MISSISSIPPI TIDELANDS TRUST FUND PROGRAM

Request for Funding FY2017

Public Access

Managed Project

Official Use Only

Project Number: _____

Submittal Number: _____

Average Merit Score: _____

PROJECT SUMMARY

1. Title of Project:

2. Location of Project:

3. Requesting Agency:

4. Requesting Agency Representative:

a. Name:

b. Phone:

c. Fax:

d. Address:

e. Email:

5. Project Manager:

a. Name:

b. Phone:

c. Fax:

d. Address:

e. Email:

6. Funding Requested:

7. Matching Funds:

8. Source of Matching Funds:

9. Total Project Funds:



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PROJECT SUMMARY

10. Project Description/Overview:

11. Project Goals/Objectives:

12. Project Benefits:



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PROJECT SUMMARY

13. Summary of Project Tasks:

14. Project Timetable/Milestones:

15. If this project has been funded previously through Tidelands Trust Fund indicate which fiscal years:

16. Project Timing:

Short-term (3 years or less)

Deferred/long-term (3 – 5 years)



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APPLICATION SUMMARY QUESTIONNAIRE

17. Is this a Multi-Phase Project? Yes No

18. Is any part of this project located on private property? Yes No

19. Is there an existing lease between the requesting agency and property owner? Yes No

20. If required, are the plans approved by the DMR Permitting Office? Yes No

21. Will this project enhance an existing water-dependent activity? Yes No

Identify the activity:

22. Does this project coordinate with other existing or planned projects? Yes No

Identify the project(s):

23. Will this project involve impacting, filling, or dredging coastal wetlands? Yes No

If yes, what acreage:

24. Identify the constituency or interest group(s) which this project will serve:

25. Identify the service that this project will provide to the group(s) identified in 24:



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APPLICATION SUMMARY QUESTIONNAIRE

26. In what way does this project meet the goals and objectives of the Mississippi Coastal Program?

27. Project Category:

(more than one may apply)

- Conservation
- Reclamation
- Preservation
- Acquisition
- Education
- Public Access
- Public Improvement
- Other (Identify)

29. Categorize the benefits from 12:

- Environmental
- Economic
- Safety
- Public
- Other (identify)

28. Have other State or Federal funding sources been identified for the project?

- Yes
- No

If yes, identify:

30. Current status of architectural/ engineering plans & specifications for this project (if applicable):

(check one from each group)

- Group 1:
- Completed
 - In Progress
 - Ready to bid
 - Other (identify)

- Group 2:
- Paid for
 - Funds budgeted
 - Funds not budgeted



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APPLICATION SUMMARY

31. Summarize your Tidelands Application below. Give additional detail from the project budget and include how the project will meet the requirements of the Public Trust Tidelands Act and the potential benefits that would be derived from receipt of Tidelands Trust Funds.



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APPLICATION SUMMARY

32. Estimated number of years to completion:

33. Estimated Completion Date:

34. Prioritize if your agency has submitted multiple projects

SIGNATURES

Project Manager:

Signature

Date

Requesting Agency Representative:

Signature

Date

-attach project schematics or drawings as appropriate-

[END]



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BUDGET

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Salaries, wages, Fringe						
Travel						
Architecture & Engineering						
Legal						
Consulting						
Construction						
Site Work						
Equipment						
Land Acquisition						
Indirects						
Other						
Total						

Funding Sources	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Tidelands Funding Reallocated (Project #: _____, Year _____)						
Tidelands Funding Awarded						
Federal Grants Funding						
FEMA Funding						
MEMA Funding						
CDBG Funding						
In-Kind Donations						
Other						
Total						