



MISSISSIPPI TIDELANDS TRUST FUND PROGRAM

Request for Funding FY2018

Public Access

Managed Project

Official Use Only

Project Number: _____

Submittal Number: _____

Average Merit Score: _____

PROJECT SUMMARY



1. Title of Project: *red outlines indicate required fields*



2. Location of Project:



3. Requesting Agency:



6. Funding Requested:



7. Matching Funds:



8. Source of Matching Funds:



9. Total Project Funds:

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:



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PROJECT SUMMARY

? 10. Provide Brief Project Description/Overview:

? 11. LIST Project Goals/Objectives:

? 12. LIST Project Benefits:



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PROJECT SUMMARY

? 13. LIST Project Tasks:

? 14. Project Timetable/Milestones:

? 15. If this project has been funded previously through Tidelands Trust Fund indicate which fiscal years: *(type N/A if not applicable)*

? 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. Project Category:
(more than one may apply)

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

**? 27. 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

? 28. Categorize the benefits from 12:

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

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

- Yes
- No

If yes, identify:

? 30. In what way does this project meet the goals and objectives of the Department of Marine Resources and the Secretary of State's Office, which include enhancing, protecting, conserving and providing public access to tidelands affected areas?



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? 31. Summarize, in paragraph form, your Tidelands Application below. Give additional detail 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

35. SIGNATURES

Project Manager:

Signature

Date

Requesting Agency Representative:

Signature

Date

36. Attach project schematics or drawings as appropriate



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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						

Instructions:

1. If project will be completed in one year, complete only the "Year 1" budget column.
2. If project will be completed in two years, complete "Year 1" and "Year 2" columns.
3. Follow the same process as above for "Year 3", "Year 4", and "Year 5", if project will not be completed for 5 years.



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LEGISLATIVE SUMMARY

{FOR OFFICIAL USE ONLY}

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. Summary

6. Funding Requested:

7. Matching Funds:

8. Source of Matching Funds:

9. Total Project Funds: