

MISSISSIPPI DEPARTMENT OF MARINE RESOURCES

REQUEST FOR REALLOCATION OF FUNDS TIDELANDS TRUST FUND PROGRAM				
APPROPRIATED PROJECT 1. TIDELANDS PROJECT NUMBER	2. TID	ELANDS PROJECT TITLE		
REQUESTED REALLOCATION TO 3. TIDELANDS PROJECT NUMBER	4. TID	4. TIDELANDS PROJECT TITLE		
MUST BE AN INCOMPLETE APPROPRIATED PROJECT 5. REQUESTING ORGANIZATION		6. REQUESTED AMOUNT TO BE REALLOCA	ATED	
NAME		ORIGINAL AWARD AMOUNT	\$	
STREET		PLUS ANY ALLOCATIONS	\$	
ADDRESS		LESS PROJECT AWARD SPENT	- \$	
		LESS ANY REALLOCTIONS	- \$	
CITY, STATE ZIP		REALLOCATION AMOUNT REQUESTED	\$	
-REQUEST MUST BE WITHIN THE SCOPE OF THE RECEIVING PROJECT'S APPLICATION				
SIGNATURE OF AUTHORIZED OFFICIAL		DATE REQUEST SUBMIT	DATE REQUEST SUBMITTED	
TYPED OR PRINTED NAME AND TITLE		TELEPHONE	TELEPHONE	
CHIEF FINANCIAL OFFICER, MDMR		DATE APPROVED	DATE APPROVED	
JOE SPRAGGINS, EXECUTIVE DIRECTOR, MDMR		DATE APPROVED		