



# MISSISSIPPI TIDELANDS TRUST FUND PROGRAM

## Request for Funding FY2020

Public Access

Managed Project

### Official Use Only

Project Number: \_\_\_\_\_

Average Merit Score: \_\_\_\_\_

Requesting Agency: \_\_\_\_\_

## 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)
	<input type="text"/>
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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### APPLICATION SUMMARY

- ?** 31. Summarize, in paragraph form, your Tidelands Application below. Give additional detail from TTF-1 Section 7 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

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### 35. SIGNATURES

Project Manager:

Signature

Date

Requesting Agency Representative:

Signature

Date

36. Attach project schematics or drawings as appropriate

\*Progress notes must be submitted semi-annually on Public Access projects and DMR projects, and quarterly on Managed projects.

**\*\*Before submitting application, please make sure to complete the Budget form on page 8.**



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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						
<b>Total</b>						

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						
<b>Total</b>						

#### 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.
4. \*This should be completed only if you plan to reallocate existing funds to this project.
5. \*\*This should only be completed if you were awarded funds in previous Tidelands year for other phases of this same project.
6. \*\*\*Refer only to matching funds secured for this project.





# MISSISSIPPI TIDELANDS TRUST FUND PROGRAM

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### LEGISLATIVE SUMMARY

**1. Title of Project:**

**2. Location of Project:**

**3. Requesting Agency:**

**6. Funding Requested:**

**7. Matching Funds:**

**8. Source of Matching Funds:**

**9. Total Project Funds:**

**10. Summarize, in paragraph form, your Tidelands Application below. Give additional detail from TTF-1 Section 7 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.**