MISSISSIPPI TIDELANDS TRUST FUND PROGRAM
Request for Funding
INSTRUCTION FORM MDMR Form TTF-1

Application Type	Check Public Access Project or Managed Project
1. Title of Project	Provide exact name of proposed project. If the proposed project has been funded previously, indicate the phase (I, II, III, etc.).
2. Location of Project	Provide the physical address of the project and the name of the County in which the proposed project is located.
3. Requesting Agency	Provide the name of the agency, city, county or group which is requesting funding
4. Requesting Agency Representative	
a. Name	Provide the name of the decision-maker who has responsibility for this project.
b. Phone	Provide the phone number of the Requesting Agency Representative identified in # 4.
c. Fax	Provide the fax number of the Requesting Agency Representative identified in # 4.
d. Address	Provide the address of the Requesting Agency Representative identified in # 4.
e. Email	Provide the email of the Requesting Agency Representative identified in # 4.
5. Project Manager	
a. Name	Provide the name of the individual who will manage this project until completion.
b. Phone	Provide the phone number of the Project Manager indicated in # 5.
c. Fax	Provide the fax number of the Project Manager indicated in # 5.
d. Address	Provide the address of the Project Manager indicated in # 5.
e. Email	Provide the email address of the Project Manager indicated in # 5.

6. Funding Requested	Provide the dollar amount of funds requested.
7. Matching Funds	Provide the total dollar amount of funds to be expended on this project from other sources. Funds previously received through the Tidelands Trust Fund program are not to be considered matching funds.
8. Source of Matching Funds	Indicate the name of the source providing the matching funds.
9. Total Project Cost	Provide the total dollar amount of funds requested from the Tidelands Trust Fund and the Matching Funds.
10. Project Description/Overview	Provide a <u>BRIEF</u> summary description in paragraph form of the proposed project.
11. Project Goals/Objectives	List the goals and objectives of the proposed project.
12. Project Benefits	List the anticipated benefits which will result from the proposed project.
13. Summary of Project Tasks	Summarize in a list the tasks which will be required to complete the proposed project.
14. Project Timetable/Milestones	Provide anticipated dates for completion of individual project tasks identified in # 10.
15. Previous Funding	Indicate the fiscal year(s) in which this project has previously been funded through Tidelands Trust Fund. Write in "N/A" if not applicable.
16. Project Timing	Indicate whether this project is a long-term or short-term priority, as characterized by the MDMR.

Application Summary Questionnaire

17 – 20. Yes or No	Answer each question by selecting either Yes or No.
21. Enhancement of Water-Dependent Activity	Indicate whether this project will enhance any existing or planned activity that is water-based or dependent upon water by selecting either Yes or No and identify the activity.

22. Project Coordination	Indicate whether or not this project will coordinate with other existing or planned projects by selecting either Yes or No and Identify those projects
23. Wetlands Impact	Indicate whether or not this project will involve dredging or filling coastal wetlands by selecting either Yes or No and indicate the acreage of wetlands to be impacted.
24. Constituency/Special Interest Groups	Identify any special interest groups which will be served by this project.
25. Service Provided to Constituency/Special Interest Groups	Identify the service that will be provided to the special interest groups that were identified in # 24.
26. Project Category	Check the category/categories that apply to the project.
27. Other funding	Indicate and identify other sources of State or Federal funding for which this project may be eligible.
28. Categorize Benefits	Categorize the anticipated benefits resulting from the project listed in # 12. More than one category may be applicable.
29. Tideland's Program Goals/Objectives	Indicate how this project meets the goals and objectives of the Tideland's Program
30. Status of A&E Plans	Select one from Group 1 and one from Group 2. If not applicable, write in "N/A"
31. TTF-1	Summarize your Tidelands Application in paragraph form and give any additional details from Section 10.
32. Estimated time of project	Indicate how many years this project needs for completion.
33. Estimated completion date	Indicate the date of completion for this project.
34. Applicant Priority	If your organization is submitting more than one Request for Funding application please indicate the organization's priority of this project in relation to the other projects the organization is submitting.

35. *Signature*   The individual indicated in #4 as the Requested Agency Representative should sign this application.

36. *Project Schematics*   Attach any drawings or schematics which have been prepared for this project.

37. *Budget*   See instructions on Budget sheet in application.

38. *Legislative Summary*   Autofilled from application. Presented to Legislature in Tidelands book.