



ENHANCE • PROTECT • CONSERVE

MISSISSIPPI TIDELANDS TRUST FUND PROGRAM

| PAYMENT REQUEST FOR THE MISSISSIPPI TIDELANDS TRUST FUND PROGRAM | | | |
|---|--|--|--|
| 1. PROJECT NUMBERS | 2. PROJECT TITLES | 3. TYPE OF PAYMENT REQUEST | |
| | | REIMBURSEMENT | "check" THE APPLICABLE BOX <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL |
| 4. PERIOD COVERED BY THIS REQUEST FROM: _____ TO: _____ | | 5. PAYMENT REQUEST # | |
| 6. RECIPIENT ORGANIZATION NAME _____ MAILING ADDRESS _____ CITY, STATE & ZIP _____ | | 7. PAYEE (WHERE CHECK IS TO BE SENT IF DIFFERENT THAN ITEM 6) NAME _____ MAILING ADDRESS _____ CITY, STATE & ZIP _____ | |
| 8. FUNDS REQUESTED DESCRIPTION – COPIES OF SUPPORTING DOCUMENTS MUST BE ATTACHED TO PAYMENT REQUEST TO PROCESS. LIST DESCRIPTION OF EACH DOCUMENT BELOW. LABEL SUPPORTING DOCUMENTS WITH CORRESPONDING DESCRIPTION LABEL. | TOTAL TIDELANDS TRUST FUND COST | ALL OTHER GRANTS COST | TOTAL COST OF THIS PAYMENT REQUEST |
| 8.1 | \$ | \$ | |
| 8.2 | \$ | \$ | |
| 8.3 | \$ | \$ | |
| 8.4 | \$ | \$ | |
| 8.5 | \$ | \$ | |
| 8.6 | \$ | \$ | |
| 9. TOTAL EXPENDITURES THIS PERIOD | \$ | \$ | \$ |
| 10. AMOUNT REQUESTED FOR PAYMENT | \$ | \$ | \$ |
| <p>I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE DATA CONTAINED AND ATTACHED ON THIS FORM IS CORRECT AND THAT THIS REQUEST REPRESENTS THE AMOUNT DUE AND NOT PREVIOUSLY REQUESTED AND THAT ALL OUTLAYS ARE IN ACCORDANCE WITH THE TIDELANDS TRUST FUND.</p> | | | |
| _____ SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | | _____ DATE REQUEST SUBMITTED | |
| _____ TYPED OR PRINTED NAME AND TITLE | | _____ TELEPHONE | |
| The DMR employees and officers make no representation or warranty, express or implied, or assume any liability or responsibility for the accuracy of the information provided herein by the Payee or any representation as to the completeness or suitability of the project for which reimbursement is being made. | | | |

INSTRUCTIONS – TTF - 3

House Bill 1331 was enacted by the 2002 Mississippi Legislature to amend Section 29-15-9, Mississippi Code of 1972, to provide that funds appropriated to the Department of Marine Resources from the Public Trust Tidelands Fund that are designated in line items of the appropriation bill for management projects or public access projects shall not be paid until the Department of Marine Resources receives written verification of the work completed; and for related purposes.

Beginning with FY2003 projects and after, the Department of Marine Resources shall make progress payments in installments based on the work completed and material used in the performance of a tidelands project only after receiving written verification of the work completed or materials in such detail and form that the department may require.

The attached form and required documents shall be submitted to the Department of Marine Resources before disbursement of any funds.

Specified instructions for the items are as follows:

- | <u>Item</u> | <u>Entry</u> |
|-------------|---|
| 1. | Enter the Tidelands Project Number that was assigned in the Tidelands Grant Agreement for your project. |
| 2. | Enter the Tidelands Project Description in the Tidelands Grant Agreement for your project. |
| 3. | Identify if this is the final or partial payment to be requested. If this request is final, a Notice of Completion for this project must be submitted with this form to process. |
| 4. | Identify the period of time covered by this request. Period of time must be after date of grant award. |
| 5. | Identify the payment request number. |
| 6. | Enter the Recipient Organization name and address. Recipient Organization must match recipient in the Tidelands Grant Agreement. Note: MDMR will not pay vendors directly. |
| 7. | Enter the Payee if address different from Item 6. Payee name should match Recipient Organization name listed in Item 6. Payee name and address should remain the same throughout the duration of the project. |
| 8. | The purpose of the vertical columns is to show the total project cost and the portion which is the eligible amount requested under the authorized Tidelands Project. In Section 8-Column 1; give a brief description of the supporting document. A copy of the supporting document shall be attached to this form and labeled with the corresponding Section 8. (x) (i.e., 8.1, 8.2, 8.3, etc.). In Section 8-Column 2 & 3; show total project cost of the supporting document. In Section 8-Column 4; show eligible amount requested from the supporting document. |
| 9. | Enter sum of lines in Section 8-Column 2 & 3. |
| 10. | Enter sum of lines in Section 8-Column 4. This amount or the cumulative amount from all requests for this project cannot exceed the total grant award. |
- Please complete the certification before submitting this request. To be completed by the recipient official who is the authorized representative.

Required Attachments

Label and attach copies of supporting documents as indicated in Section 8.

If this is a final request for payment, complete and attach a Notice of Completion.

Please submit proof of payment with all requests for payment, to include canceled checks

Submit completed forms and documents to: MDMR Tidelands Office, 1141 Bayview Ave., Suite 101, Biloxi, MS 39530