

Mississippi Tidelands Public Trust Fund

NOTICE OF COMPLETION BY REALLOCATION

Project Title:

Project Number:

Fund Source(s):

Project Manager:

Tidelands:

Other:

Organization:

TOTAL:

Was this project effort previously funded through the Tidelands Trust Fund? **yes** **no**
 If yes, what is the project number? _____

I hereby certify that I, _____ on behalf of _____ have depleted/reallocated all funding awarded to _____. This project has been combined with the following project(s) _____, _____, _____, and although the overall project is still in process the funds awarded under this project have been depleted or reallocated, therefore this project number is closed.

 Signature

 Date

FOR OFFICIAL USE ONLY • DO NOT WRITE BELOW THIS LINE

Received by Tidelands Administrator: _____ Date: _____

Required Elements Present and Complete:

- | | |
|--|---|
| <ul style="list-style-type: none"> Project objectives Identification of benefits | <ul style="list-style-type: none"> Project summary and conclusions Photographs of project Funds depleted/reallocated |
|--|---|

Comments:

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PROJECT REPORT

Please provide the required elements, present and complete, as it pertains to the above referenced project:

1. Detailed Description of Project

Please include final project objectives and goals, summary and conclusions, and benefits to the community and public.

2. Current photo(s) of project site (if applicable)

Please attach to email or print out.

3. Photo(s) of current funding sign (if applicable)

Please attach to email or print out.

Date Project Initiated

Anticipated Date of Completion

Please be sure to attach or include all required elements, present and complete.

Signature

Date