



ENHANCE • PROTECT • CONSERVE

# MISSISSIPPI DEPARTMENT OF MARINE RESOURCES

| <b>REQUEST FOR REALLOCATION OF FUNDS<br/>TIDELANDS TRUST FUND PROGRAM</b>  |  |
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| <b>APPROPRIATED PROJECT</b><br>1. TIDELANDS PROJECT NUMBER   | 2. TIDELANDS PROJECT TITLE   |
| <b>REQUESTED REALLOCATION TO</b><br>3. TIDELANDS PROJECT NUMBER<br><br><small>MUST BE AN INCOMPLETE APPROPRIATED PROJECT</small>                   | 4. TIDELANDS PROJECT TITLE   |
| <b>5. REQUESTING ORGANIZATION</b><br><br>NAME<br><br>STREET<br><br>ADDRESS<br><br>CITY, STATE<br>ZIP   | <b>6. REQUESTED AMOUNT TO BE REALLOCATED</b><br><br>ORIGINAL AWARD AMOUNT                    \$ _____<br>PLUS ANY ALLOCATIONS                        \$ _____<br>LESS PROJECT AWARD SPENT                    - \$ _____<br>LESS ANY REALLOCATIONS                    - \$ _____<br>REALLOCATION AMOUNT REQUESTED        \$ _____ |
| <b>7. REASON AND PURPOSE FOR REQUESTED REALLOCATION</b><br><small>–REQUEST MUST BE WITHIN THE SCOPE OF THE RECEIVING PROJECT'S APPLICATION</small> |  |
| _____<br><b>SIGNATURE OF AUTHORIZED OFFICIAL</b>   | _____<br><b>DATE REQUEST SUBMITTED</b>   |
| _____<br><b>TYPED OR PRINTED NAME AND TITLE</b>  | _____<br><b>TELEPHONE</b>  |
| _____<br><b>LESLIE BREWER, CHIEF FINANCIAL OFFICER, MDMR</b>   | _____<br><b>DATE APPROVED</b>  |
| _____<br><b>JOE SPRAGGINS, EXECUTIVE DIRECTOR, MDMR</b>  | _____<br><b>DATE APPROVED</b>  |

\*TTF-6 Reallocation form must be accompanied with written Legislative approval. One from the House of Representatives and One from the Senate.