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GOMESA PHASE II PROJECT FUNDING

Request for Funding FY2025

Official Use Only

Project Number: _____

Requesting Agency: _____

PROJECT SUMMARY

1. Title of Project:

red outlines indicate required fields

2. Location of Project:

3. Requesting Organization:

4. Requesting Organization Representative:

a. Name:

e. Address:

b. Position

c. Phone:

f. Email:

d. Fax:

5. Funding Requested:

6. Have any other State or Federal funding sources been identified for the project?

Yes

No

7. If yes, enter amount and source of additional funds:

Amount:

Source of Additional Funds:

8. Total Project Funds



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PROJECT SUMMARY

9. Provide Brief Project Description/Overview:

10. LIST Project Goals/Objectives:



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11. Which of the following authorized uses set forth in the GOMESA Act does this project fall under? Check all that apply. Explain SPECIFICALLY and in detail how the project meets the required criteria.

(A) Projects and activities for the purposes of coastal protection, including conservation, coastal restoration, hurricane protection, and infrastructure directly affected by coastal wetland losses

(B) Mitigation of damage to fish, wildlife, or natural resources.

(C) Implementation of a federally-approved marine, coastal, or conservation management plan.

(D) Mitigation of the impact of Outer Continental Shelf activities through funding of onshore infrastructure projects.



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12. Project Timetable/Milestones:

13. Project Timing

Short-term (3 year or less)

Deferred/long-term (3-5 years)



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APPLICATION SUMMARY

14. 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)

Group 2: **Paid for**
 Funds budgeted
 Funds not budgeted

15. In what way does this project meet the goals and objectives of the Department of Marine Resources, which includes enhancing, protecting and conserving the marine interest of Mississippi for present and future generations.?



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APPLICATION SUMMARY

16. Estimated number of years to completion:

17. Estimated Completion Date:

18. Prioritize if your agency has submitted multiple projects:

.....

SIGNATURES

Requesting Agency Representative:

Signature

Date

Attach a detailed project description, project schematics, drawings, or any regulatory permits as appropriate.

***Progress notes must be submitted quarterly on all projects funded by GOMESA.**

****Before submitting application, please make sure to complete the Budget form on page 7.**



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BUDGET

Category	Total
Salaries, wages, Fringe	
Travel	
Architecture & Engineering	
Legal	
Consulting	
Construction	
Site Work	
Equipment	
Indirects	
Other	
Total	