



MISSISSIPPI TIDELANDS TRUST FUND PROGRAM

Request for Funding FY2011 (Form TTF-1, Page 2 of 2)

¹ Title of Project:	² Requesting Agency:	³ Amount Requested:	⁵ Project Manager:
¹² Categorize the benefits listed in #9 (more than one may apply): <input type="checkbox"/> Environmental <input type="checkbox"/> Economic <input type="checkbox"/> Safety <input type="checkbox"/> Public <input type="checkbox"/> Other (Identify) _____ _____ _____	¹³ Project Category (more than one may apply): <input type="checkbox"/> Conservation <input type="checkbox"/> Reclamation <input type="checkbox"/> Preservation <input type="checkbox"/> Acquisition <input type="checkbox"/> Education <input type="checkbox"/> Public Access <input type="checkbox"/> Public Improvement <input type="checkbox"/> Other (Identify) _____ _____	¹⁴ Have other State or Federal funding sources been identified for the project? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: _____ _____ _____	¹⁵ Current status of Architectural/ Engineering plans & specifications for this project (if applicable): (Check one from each group) Grp 1. <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Ready to Bid <input type="checkbox"/> Other (Identify) Grp 2. <input type="checkbox"/> Paid For <input type="checkbox"/> Funds Budgeted <input type="checkbox"/> Funds Not Budgeted
¹⁶ Identify the constituency or interest group(s) which this project will serve:	¹⁷ Identify the service that this project will provide to the group identified in #16.	¹⁸ Will this project enhance an existing water-dependent activity? Identify the activity.	¹⁹ Project Priority: <input type="checkbox"/> Immediate/short-term <input type="checkbox"/> Deferred/long-term
²⁰ In what way does this project meet the goals and objectives of the Mississippi Coastal Program?		²¹ Does this project coordinate with other existing or planned projects? Identify the project(s).	
²² Will this project involve impacting, filling, or dredging coastal wetlands? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what acreage:	²³ Attach project schematics or drawings as appropriate.	²⁴ Signature of Requesting Agency Representative: _____ (Please use blue ink)	

(Attach additional sheets if necessary. Total packet should not exceed 5 pages.)

4/2006