2 1 3 4 5 6 Part I. General Part II. Project Complete Part IV. Project Part V. Additional Part III. Information Acknowledgment Required Information Narrative Statements Documentation

PART I. GENERAL INFORMATION

Applicant Entity Name
Entity Characterization
○ County ○ Municipality ○ State Agency ○ Nongovernmental Entity
Applicant Address
Applicant City
Applicant State
Mississippi
Applicant Zip Code
Applicant County
Main Point of Contact The individual listed as the main point of contact will be responsible for all grant-related communication, including emails, phone calls, and updates. Please ensure that this contact is the person actively managing the grant process
Name
Title
□ Address is different from above
Telephone No.
Email

Chief Elected Official, Director or President

Name	
☐ Address is different from above	
Telephone No.	
Email	
hief Financial Officer	
Name	
☐ Address is different from above	
Telephone No.	
Email	
uditor	
Name	
Name	
☐ Address is different from above	
Telephone No.	
Email	
Please attach most recent audit ?	
Choose File No file chosen	
List any audit deficiencies noted in the previous five (5) years	
► 1000 Character Limit	1000 character(s) remainin
Please attach audit deficiencies noted in the previous five (5) years ②	
Choose File No file chosen	

Project Cost

Total Project Cost	
	\$ 0.00
Total Amount of MOSTF Funding Requested	
Match Commitment Total (if any; none required)	
Match % Calculation	
Please identify each of the following total dollar values	
For each source of matching funds, provide the details below. If awarded MOSF funding, proof of match will be req u	ıired.
Match Source	
Match Amount	
	\$ 0.00
Choose File No file chosen	
Match End Date (if applicable) ②	
mm/dd/yyyy	
Add another item	
NOTE: If your match has an expiration or end date, please provide it in the last column.	
Save Draft Next >	

2 1 3 4 5 6 Part I. General Part II. Project Part IV. Project Complete Part III. Part V. Additional Information Information Acknowledgment Required Narrative Statements Documentation

PART II. PROJECT INFORMATION

Pro	ject Category (check all that apply)						
	Improvement of State Park, Outdoor Recreation, or Trails						
	Acquisition of Parks and/or Trails						
	Restoration or Enhancement to Create or Improve Access to Public Waters and/or Lands for Public Outdoor Recreation, Conservation Education or the Safe Use and Enjoyment of Permanently Protected Conservation Land						
	 Restoration or Enhancement on Privately Owned Working Agricultural Lands and Forests that Support Conservation of Soil, Water, Habitat of Fish and Wildlife 						
	Restoration or Enhancement of Wetlands, Native Forests, Native Grasslands and Other Unique Habitats Important to Fish and Wildlife						
	Acquisition of Critical Areas for the Provisions or Protection of Clean Water, Wildlife, Hunting, Fishing, Military Installation Buffering or Natural Resource-Based Outdoor Recreation						
Proje	ect Title						
Site A	Address (If no address exists, enter a parcel number or GPS coordinates)						
Site (City						
Site S	State						
- N	one -						
Site Z	Zip						
Site (County						
Cong	ressional District (project site)						
State	Senate District (project site)						

State House District (project site)

1	2	3	4	5	6
Part I. General Information	Part II. Project Information	Part III. Acknowledgment Statements	Part IV. Project Narrative	Part V. Additional Required Documentation	Complete
Project Cost					
Total Project Cost					
					\$ 0.00
Total Amount of MOS	TF Funding Requeste	ed			
Match Commitment T	otal (if any; none req	quired)			
Match % Calculation					
Please identify each	of the following to	tal dollar values			
For each source of ma	atching funds, provid	e the details below. If a v	warded MOSF fundi	ng, proof of match will	be required.
Match Source					
Match Amount					
					\$ 0.00
Choose File No f	île chosen				
Match End Date (if a	pplicable) ②				
mm/dd/yyyy					
Add another item					

NOTE: If your match has an expiration or end date, please provide it in the last column.

PART III. ACKNOWLEDGEMENT STATEMENTS

I understand and acknowledge that this project must adhere to all federal and Mississippi state laws including, without limited, the Americans with Disabilities Act (ADA)



I understand I am responsible for ensuring compliance with any and all other terms and conditions as required by funding provided for the project other than that which may be provided through the Mississippi Outdoor Stewardship Trust

Yes

If granted, I understand the monies provided will be used for one or more of the stated purposes of the Act.

Yes

I have read and understand the Mississippi Outdoor Stewardship Act (House Bill 606, 2022 Legislative Session).

Yes

Save Draft

< Previous

Next >

1	2	3	4	5	6
Part I. General Information	Part II. Project Information	Part III. Acknowledgment Statements	Part IV. Project Narrative	Part V. Additional Required Documentation	Complete
Project Cost					
Total Project Cost					
					\$ 0.00
Total Amount of MOS	TF Funding Requested	d			
Match Commitment T	otal (if any; none requ	uired)			
Match % Calculation					
Please identify each	of the following tot	al dollar values			
For each source of ma	atching funds, provide	e the details below. If a	warded MOSF fundi	ng, proof of match will	be required.
Match Source					
Match Amount					
					\$ 0.00
Choose File No f	ile chosen				
Match End Date (if a mm/dd/yyyy	pplicable) 🕜				
Tillin daryyyy					
Add another item					
NOTE: If your match h	nas an expiration or e	nd date, please provid	e it in the last column		
PART IV. P	ROJECT N	IARRATIVE			
Please provide a desc concise.	ription of the propose	ed project and the need	d for financial assistar	nce. The narrative should	d be clear and

Please attach description of the proposed project ?

► 1000 Character Limit

1000 character(s) remaining

, 1:41 PM	OUTDOOR STEWARDSHIP TRUST FUND APPLICATION Mississippi Department of Finance and Administration
Choose File No f	ïle chosen
	atisfy specific and clearly identified priority needs, as identified in a formalized planning document?
○ Yes ○ No	
	ents within your proposal satisfy critical or priority public needs, as identified in a formalized planning scribe how these elements relate specifically to the public's outdoor experience.
► 1000 Character Lin	mit 1000 character(s) remaining
Please attach descri	ption of how elements within your proposal satisfy critical or priority public needs ②
Choose File No f	île chosen
How many residents	s will utilize the intended project on an annual basis?
What is the basis for	your estimate?
○Yes ○No	project contemplate a charge or user fee to the public? project require additional permits?
Does the proposed ○ Yes ○ No	project require the acquisition of real property?
Will the proposed բ	project be located upon public or private land?
○ Private ○ Public	
Please list each outd	door natural resource-based recreational activity provided by the acquisition or development of this property.
Upload an Outdoor Ac	
Choose File No f	ile chosen
Will any of the below associated with the	v listed Best Management Practices be used for any improvements, restoration, or management activities project?
Protection or r	estoration of vegetated buffers in a condition appropriate for the region.
○Yes ○No	
Restoration of ○ Yes ○ No	streambanks and natural hydrologic processes.
Protection of w	vetlands/marshlands or stream buffers, with minimization of impacts from improvements and

○Yes ○No

Use of green infrastructure (e.g., bioretention areas, grass swales, and trails constructed with mulch, gravel or other pervious materials rather than concrete or asphalt.)
○Yes ○No
Does the project include the acquisition or stewardship of land with a cultural or historical value?
○Yes ○No
Does the project include the acquisition or stewardship of land with a significant ecological, conservation, restoration, or natural resource sustainability value?
○Yes ○No
Do you have a plan and budget to maintain, manage, and secure this property for multiple years of commitment beyond the project completion date?
○Yes ○No
Describe how you plan to maintain, manage and keep this property secure from vandalism, loitering, and crime. Your narrative should include the methodology in which you plan to achieve maintenance and security, i.e., video surveillance, patrols, enforcement on site, smart lights, controlled access at night.)
► 1000 Character Limit 1000 character(s) remaining
Upload a maintenance plan, management plan, safety plan, budget and proof of dedicated funding for maintenance, management and safety ③
Choose File No file chosen
Does the proposed project offer a measurable regional significance? Regional significance is defined as enhancing the natural-resource based outdoor experience and quality of Mississippi's natural resources, while providing value to a greater community beyond the local area. O Yes O No
Will this project create opportunities to enhance the regional and/or statewide economy? O Yes O No
Will this project provide access or a connection to other outdoor recreation facilities or areas? O Yes O No
Will this project promote the stewardship of natural resources? O Yes O No
Will this project add new public water access points where none is currently available? O Yes O No
Is there documented public support for the project? (Support Documents may be uploaded in Additional Information at the end of this application) O Yes O No

✓ I have read this Application and the instructions and understand and agree to all the terms and conditions therein. I further swear or affirm that the information provided in this application and supporting documents is true and correct as of the date submitted to the best of my knowledge. I further acknowledge and agree that this application and supporting documents may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

Name	Date
Ricky Flynt	06/16/2025

4

3

5

6

Part I. General Information	Part II. Project Information	Part III. Acknowledgment Statements	Part IV. Project Narrative	Part V. Additional Required Documentation	Complete
Project Cost					
Total Project Cost					
					\$ 0.00
Total Amount of MOS	TF Funding Requeste	d			
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Match % Calculation					
Please identify each For each source of ma			warded MOSF fund	ing, proof of match will	be required.
Match Source					
Match Amount					
					\$ 0.00
Choose File No f	ïle chosen				
Match End Date (if a	pplicable) ?				
mm/dd/yyyy					
Add another item	an ovnimatica ass	end date, please provide	oit in the last selver		

PART V. ADDITIONAL REQUIRED DOCUMENTATION

Provide a copy of the following, if applicable to your proposed project:

2

Application Cover Letter, on official letter head, and signed by an authorized representative of the entity ②

Choose File No file chosen Location map ?

Choose File No file chosen

Site Plan / Conceptual Plan ?

OUTDOOR STEWARDSHIP TRUST FUND APPLICATION | Mississippi Department of Finance and Administration Choose File | No file chosen Project Budget ? Choose File | No file chosen An application budget template is available at here. Resolution adopted by the governing entity of the applicant authorizing the application (?) Choose File | No file chosen Signed statement from landowner(s) expressing support, if applicable ? Choose File | No file chosen Photo Map of Site ? Choose File | No file chosen Appraisals (for acquisitions of real property only) ? Choose File | No file chosen Current lease agreement (if applicable) ? Choose File | No file chosen Conservation easement agreement (if applicable) ? Choose File | No file chosen The conservation easement management plan (if applicable) ? Choose File | No file chosen Most recent audit ? Choose File No file chosen Additional Information Choose File | No file chosen Use this field to attach any additional information needed. One file only. 512 MB limit. Allowed types: txt, rtf, pdf, doc, docx, odt, ppt, pptx, odp, xls, xlsx, ods.

Save Draft < Previous Submit