

# APPLICATION FOR REIMBURSEMENT

## (MDOT Match for FAA Projects)

**Mississippi Department of Transportation  
Aeronautics Division**

NAME OF AIRPORT  NAME OF RECIPIENT  Name, Title & Address of Recipient's Representative    	FAA PROJECT NUMBER: <u>3-28- 0073-020-2024</u>  DATE OF APPLICATION: <u>8/28/2024</u>  PAYMENT REQUEST Payment Request No: <u>1F</u> (Add "F" to No, if Final)  MDOT MATCHING GRANT AMOUNT <u>                    </u>  PERCENTAGE OF <u>FAA</u> SHARE: <u>90.00%</u>
---------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Line No.	Classification of Costs	Total Previous Costs to Date		Costs for this Application*	Total Cost Incurred to Date
(1)	Land/Equipment				\$ -
(2)	Construction	\$ 281,551.67		\$ 1.00	\$ 281,552.67
(3)	Engineering/Consultant	\$ 46,935.00			\$ 46,935.00
(4)	Admin/Misc Costs	\$ -			\$ -
(5)	TOTAL	\$ 328,486.67		\$ 1.00	\$ 328,487.67

\*Attach copies of invoices

(6)	FAA Share of Costs [ Line (5) x Percentage of FAA Share ]	\$ 295,638.90
(7)	Balance [ Line (5) - Line (6) ]	\$ 32,848.77
(8)	State Share [ The lesser of: 50% of Line (7) or Amount of MDOT Match ]	\$ -
(9)	Total Amount of Previous State Payments	\$ 16,424.33
<b>Amount of This Application</b>		<b>\$ (16,424.33)</b>
<i>Remaining Balance</i>		\$ -

### CERTIFICATION OF RECIPIENT:

I hereby certify that the above Application for Reimbursement of Aeronautics Funds is correct and true, and payment has not been received except as heretofore stated. I further certify that the costs shown were incurred with the above named project in accordance with the Airport Federal Matching Grant Agreement with the Mississippi Department of Transportation, Aeronautics Division.

9/2/2025

Date

Willis T. Thompson

Recipient's Representative

Mayor, City of Vicksburg

Title

*Submit completed form and invoices to:*

**MDOT-Aeronautics Division  
P. O. Box 1850  
Jackson, MS 39215-1850**

Signature