

**OUTLAY REPORT AND REQUEST FOR  
REIMBURSEMENT FOR  
CONSTRUCTION PROGRAMS**

**1. TYPE OF REQUEST**

☒ FINAL  
☐ PARTIAL

**2. BASIS OF REQUEST**

☒ CASH  
☐ ACCRUAL

**3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL  
ELEMENT TO WHICH THIS REPORT IS SUBMITTED**

Federal Aviation Administration

**4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER  
ASSIGNED BY FEDERAL AGENCY**

3-28-0073-020-2024

**5. PARTIAL PAYMENT REQUEST  
NUMBER FOR THIS REQUEST**

Final

**6. EMPLOYER IDENTIFICATION  
NUMBER**

64-64001174

**7. FINANCIAL ASSISTANCE  
IDENTIFICATION NUMBER**

**8. PERIOD COVERED BY THIS REQUEST**

From: 01/03/2021 To: 08/04/2025

**9. RECIPIENT ORGANIZATION**

Name: City of Vicksburg  
Street1: 1401 Walnut Street  
Street2: PO Box 150  
City: Vicksburg  
County: Warren  
State: MS: Mississippi  
Province:  
Country: USA: UNITED STATES  
ZIP / Postal Code: 39180-0150

**10. PAYEE (Where check is to be sent if different than item 9)**

Name: Same as above  
Street1:  
Street2:  
City:  
County:  
State:  
Province:  
Country:  
ZIP / Postal Code:

11.

## STATUS OF FUNDS

CLASSIFICATION	PROGRAMS	FUNCTIONS	ACTIVITIES	TOTAL
	(a)	(b)	(c)	
a. Administrative expense	\$	\$	\$	\$
b. Preliminary expense				
c. Land, structures, right-of-way				
d. Architectural engineering basic fees	35,595.00			35,595.00
e. Other architectural engineering fees				
f. Project inspection fees	11,340.00			11,340.00
g. Land development				
h. Relocation expense				
i. Relocation payments to individuals and businesses				
j. Demolition and removal				
k. Construction and project improvement cost	281,551.67			281,551.67
l. Equipment				
m. Miscellaneous cost				
n. Total cumulative to date (sum of lines a thru m)	328,486.67			328,486.67
o. Deductions for program income				
p. Net cumulative to date (line n minus line o)	328,486.67			328,486.67
q. Federal share to date	295,638.00			295,638.00
r. Rehabilitation grants (100% reimbursement)				
s. Total Federal share (sum of lines q and r)	295,638.00			295,638.00
t. Federal payments previously requested	204,983.12			204,983.12
u. Amount requested for reimbursement	\$ 90,654.88	\$	\$	\$ 90,654.88
v. Percentage of physical completion of project	100.00 %	%	%	100.00 %

12. CERTIFICATION

I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

a. RECIPIENT

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE REPORT SUBMITTED

8/5/25

TYPED OR PRINTED NAME AND TITLE

Prefix: Mr.

First Name: Willis

Middle Name:

Last Name: Thompson

Suffix: Sr.

Title: Mayor

TELEPHONE (Area code, number, and extension)

601-631-3718

b. REPRESENTATIVE CERTIFYING TO LINE 11V

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

James E. Malone

DATE SIGNED

8/5/2025

TYPED OR PRINTED NAME AND TITLE

Prefix: Mr.

First Name: James

Middle Name: E.

Last Name: Malone

Suffix:

Title: Project Manager

TELEPHONE (Area code, number, and extension)

601-244-5527