

**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**

3-28-0073-021-2024

**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: 9/03/2024

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	20,887.00			20,887.00
e. Other architectural engineering fees				
f. Project inspection fees	6,678.00			6,678.00
g. Land development				
h. Relocation expense				
i. Relocation payments to individuals and businesses				
j. Demolition and removal				
k. Construction and project improvement cost	165,954.00			165,954.00
l. Equipment				
m. Miscellaneous cost				
n. Total cumulative to date (sum of lines a thru m)	193,519.00			193,519.00
o. Deductions for program income				
p. Net cumulative to date (line n minus line o)	193,519.00			193,519.00
q. Federal share to date	174,167.00			174,167.00
r. Rehabilitation grants (100% reimbursement)				
s. Total Federal share (sum of lines q and r)	174,167.00			174,167.00
t. Federal payments previously requested				
u. Amount requested for reimbursement	\$ 174,167.00	\$	\$	\$ 174,167.00
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