

|   |  |
|---|--|
| <b>STATE OF MISSISSIPPI BUDGET<br/>SUMMARY FOR PUBLIC ASSISTANCE</b>  | 1. ENTITY NAME _____<br>2. POPULATION _____ 3. DATE _____  |
| <p>4. TOTAL BUDGET *           \$ _____</p> <p>5. TOTAL EXPENDITURES *   \$ _____ AS OF _____</p> <p>6. TOTAL GENERAL FUND BUDGET ** \$ _____</p> <p>7. TOTAL GENERAL FUND EXPENDITURES ** \$ _____ AS OF _____</p> <p>8. MAINTENANCE BUDGET ***   \$ _____</p> <p>9. MAINTENANCE EXPENDITURES *** \$ _____ AS OF _____</p> <p>10. DATE BUDGET YEAR BEGINS _____</p> <p>11. OTHER AVAILABLE ASSETS NOT REFLECTED IN BUDGET (EXPLAIN)</p> <p style="margin-left: 40px;">A. LOANS                   _____ \$ _____</p> <p style="margin-left: 40px;">B. GRANTS                _____ \$ _____</p> <p style="margin-left: 40px;">C. INVESTMENTS         _____ \$ _____</p> <p style="margin-left: 40px;">D. CONTINGENCY FUNDS _____ \$ _____</p> <p style="margin-left: 40px;">E. COMMENTS _____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">* INCLUDES ALL FUNDS</p> <p style="margin-left: 40px;">** INCLUDES ONLY THE GENERAL FUN, WHICH CAN BE REALLOCATED OR IS SUBJECT TO REALLOCATION.</p> <p style="margin-left: 40px;">*** INCLUDES ONLY FUNDS WHERE DAMAGES OCCURRED OR DEPARTMENT THAT WILL INCUR COSTS ASSOCIATED WITH THE REPAIR OF DAMAGED FACILITIES OR STRUCTURES. LIST THE DEPARTMENTS OR FUNDING AREA UNDER "COMMENTS".</p> |  |
| 12. INDIVIDUAL SUBMITTING INFORMATION<br><br>A. NAME _____<br><br>B. ADDRESS _____<br>_____<br><br>C. TELEPHONE _____   | 13. VERIFIED BY<br><br>A. _____<br>CHANCERY CLERK/ CITY CLERK<br><br>B. ADDRESS _____<br>_____<br><br>C. TELEPHONE _____ |
| 14. REMARKS<br><br><br><br>   |  |