

STATE OF MISSISSIPPI BUDGET SUMMARY FOR PUBLIC ASSISTANCE	1. ENTITY NAME _____ 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 A. NAME _____ B. ADDRESS _____ _____ C. TELEPHONE _____	13. VERIFIED BY A. _____ CHANCERY CLERK/ CITY CLERK B. ADDRESS _____ _____ C. TELEPHONE _____
14. REMARKS 	