

2024 Lower Mississippi Delta Initiative Midpoint Progress Report

General Information

Contact Information

Name of Organization *

Name and Title of Authorized Certifying Official *

Email Address *

Phone Number *

Street Address *

City *

State *

Zip Code *

Acknowledgment

By submitting this report, I certify to the best of knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

If you fully agree with the acknowledgment statement above, type your full name:*

Project Information

Name of Project *

Total Grant Funds Approved (the total shown on recipient's award notification) *

 .

\$

Progress Update

Financials

[Click here to download the Midpoint Progress Report spreadsheet.](#)

Please upload a completed copy of the Midpoint Progress Report spreadsheet accounting for all funds expensed to date *

Select File No file selected

Maximum File Size: 20MB , Accepted file types: .xls,

.xlsx

No file attached

Total Project Costs Incurred to date (see Midpoint Progress Report spreadsheet) *

<input type="text"/>	.	<input type="text"/>	\$
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Amount Left to Spend *

<input type="text"/>	.	<input type="text"/>	\$
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Project Status

Please describe the status of your project at this point. *

Please describe your plans to complete this project. *

Date Project was Started *

☐ Clear

Anticipated Completion Date *

☐ Clear

Is a public celebration or commemoration planned to mark the completion of your project? *

☐ Yes

☐ No

Please describe your plans for this event. (Include location, date, and prospective invitees)

If you have any additional materials to illustrate the current status of your project, you may attach them here.

Select File

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Maximum File Size: 20MB

No file attached

Optional Attachment 2

Select File

No file selected

Maximum File Size: 20MB

No file attached

Optional Attachment 3

Select File

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Maximum File Size: 20MB

No file attached

NOTICES

PAPERWORK REDUCTION ACT STATEMENT

We collect this information under the authority of Public Law (PL) 103-433 - Lower Mississippi Delta Initiative (LMDI). We use this information to initiate projects to preserve the region's cultural and natural resources and to increase tourism. Your response is required to obtain or retain a benefit. We may not collect or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1024-0XXX.

ESTIMATED BURDEN STATEMENT

We estimate that it will take you 2 hours to complete this form, including time to review instructions, gather and maintain data, and complete and review the form. You may send comments on the burden estimate or any aspect of this form to the Information Collection Clearance Officer, National Park Service, 13461 Sunrise Valley Drive, (MS-244) Herndon, VA 20171. Please do not send your completed form to this address.