

United States Department of the Interior DECEI

BUREAU OF OCEAN ENERGY MANAGEMENT, REGULATION, AND ENFORCEMENT

AUG 3 0 2010 COUNTY ADMINISTRATOR

Washington, DC 20240

August 24, 2010

Harrison County, Mississippi Attention: Pamela Ulrich Post Office Box Drawer CC Gulfport, MS 39502-0860

Dear Pamela:

Your official executed copy of Coastal Impact Assistance Program (CIAP) grant award no.M10AF20131is enclosed. If you have questions about this document, please contact the undersigned Contracting Officer at (703) 787-1743.

Sincerely,

Paula Barksdale, Contracting Officer

Enclosure: (1)



U.S. DEPARTMENT OF THE INTERIOR Bureau of Ocean Energy Management, Regulation, and Enforcement (BOEMRE)

GRANT AWARD

ASSISTANCE AWARD TYPE 2 AWARD N		UMBER		3 CIAP ACCOUNT NUMBER					
Grant (Nonconstruction)		M10AF20131			MMOM404000				
XX Grant (Construction)				31	MG1GRMS2Z.LCC000				
4 RECIPIENT			5	ISSUED BY					
Name & Address:				e & Address:					
					Energy Management, Regulation, and				
Harrison County, MS				rcement (BOI					
P. O. Drawer CC			Procurement Operations Branch 381 Elden Street Mail Stop 2101						
Gulfport, MS 39502-0860				don, VA 201'					
DUNS Number: 020879268									
		Paula Barksdale, Contracting Officer Phone: (703) 787-1743Fax: (703) 787-1041							
			E-mail: Paula.Barksdale@boemre.gov						
6 PROJECT TITLE & DATE									
"MS.24.710 Tuxachanie Creek Watersh	ned Se	wer Collection	n Sys	tem," dated 0	5/19/2010, as revised (final) 6/28/2010.				
7 AWARD PERIODS			8 FISCAL DATA						
Budget Period: Date of Award through	08/31	/2013	Federal Share: \$411,000						
Total Project Period: Date of Award through 08/31/2013			Other Contributions: \$ -0-						
				Project Cost					
Effective Date: Date of Contracting Off	ficer's	s signature on							
Page 1A, Block #17.		CIAP Account Number: Amt Obligated: MMOM404000 MG1GRMS2Z.LCC000 \$411,000							
9 RECIPIENT POINT-OF-CONTA	ACT				ROJECT OFFICER				
Pamela Ulrich	ACI				ureau of Ocean Energy Management,				
Post Office Drawer CC				lation, and E					
Gulfport, MS 39502-0860					sistance Program				
E-Mail: pulrich@co.harrison.ms.us					rk Blvd., MS 5450				
Phone: (228) 865-4116		New Orleans, LA 70123							
FAX: (228) 865-4162		E-Mail: kasey.couture@boemre.gov							
11 CENEDAL ADMINISTRATIVE	DAT				2909 FAX: (504) 736-2502				
11 GENERAL ADMINISTRATIVE	DAI	Α			ADMINISTRATION DATA				
CFDA Number: 15.426				nents adminis					
BOEMRE Program Name: Coastal Impa Program (CIAP)				The U.S. Department of the Treasury Automated Standard Application for Payments (ASAP)					
Hogiain (CLAF)			(See Section D.3 for details)						
13 AUTHORIZED SIGNATURES									
SEE PAGE 1A FOR SIGNA	ATU	RES							

	Grant and	Coope	rativ	e Agreem	nent		CHOOSE ONE: COOPERATIVE AGREEMENT GRANT
CHOOSE ONE:	EDUCATION	FACILITIE	S	RESEARCH		SDCR	TRAINING
1. GRANT/COOPERATIV M10AF20131	E AGREEMENT NUMBER	2. SU	PPLEMEN"	NUMBER	3. EFFE	CTIVE DATE	4. COMPLETION DATE
5. ISSUED TO NAME/ADDRESS OF I COUNTY OF HARR Attn: ATTN GOV P. O. DRAWER C GULFPORT MS 39	ERNMENT POC	county, State, Zip)	100	iling Address: 381	Elden S	Street, MS 2100 20170-4817	
7. TAXPAYER IDENTIFICATION NO. (TIN)			PF	RINCIPAL INVESTIGAT ROGRAM MGR. (Name INV Boudreaux	R		
8. COMMERCIAL & GOV	ERNMENT ENTITY (CAGE) N	0.		ineering@co.h			E ciry
10. RESEARCH, PROJEC	T OR PROGRAM TITLE						-
Coastal Impact	Assistance Program	m (CIAP)			-, L		
11.PURPOSE Tuxachanie Cree	k Watershed Sewer	Collection	System	Project			
12. PERIOD OF PERFOR	MANCE (Approximately)	See Page	1 B	lock 7			
13A.	AWARD	HISTORY		13B.		FUNI	DING HISTORY
PREVIOUS			\$0.00	PREVIOUS			\$0.00
THIS ACTION		\$41	1,000.00	THIS ACTION			\$411,000.00
CASH SHARE			\$0.00		TOTAL		\$411,000.00
NON-CASH SHARE			\$0.00			·	-
RECIPIENT SHARE	TAL	641				-	
14. ACCOUNTING AND A		341	1,000.00				
PURCHASE REQUEST N	O. JOB O	RDER NO.		AMOUNT			STATUS
0010032845							
AL DOUTE OF CONTAC							
15. POINTS OF CONTAC	NAME		MAIL STO	D TELEDIO	NIT.		AIL ADDRESS
TECHNICAL OFFICER	Kasey Couture		WALSIC	DP TELEPHO 504-736-29		Kasey.Couture@	
NEGOTIATOR							
ADMINISTRATOR							
PAYMENTS							
17. APPLICABLE STATE	MENT(S), IF CHECKED: MADE TO EXISTING PROVIS			18. APPLICABLE E		E(S), IF CHECKED:	DITIONS
	D CONDITIONS AND THE AG S APPLY TO THIS GRANT	SENCY-SPECIFIC		REQUIRE	D PUBLICA	TIONS AND REPORTS	
	UNITED STATES OF AME	RICA		0 0	COOPERAT	TIVE AGREEMENT RECIP	PIENT
CONTRACTING/GRANT	OFFICER Paula	DATE	/	AUTHORIZED REP	RESENTA	TYE. A	PAJE
Paula L. Barkso	lale Barks	tale 81	24/10	MUM	1	with	8/13/1

Grant and Cooperative Agreement

ITEM NO.	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QUANTITY (C)		ESTIMATED COST		
			UNIT (D)	UNIT-PRICE	AMOUNT (F)	
	CFDA Number: 15.426					
	DUNS Number: 020879268+0000					
	Tuxachanie Creek Watershed Sewer Collection					
	System Project					
	Account Assignment: K G/L Account: 6100.411G0	- 1				
	Business Area: M000 Commitment Item: 411G00 Cost					
	Center: MMOM404000 Functional Area:	PL-			13	
	MG1GRMS2Z.LCC000 Fund: XXXM5572GR Fund Center:	-				
	MMOM404000 Asset Sub Number: 0000 PR Acct Assign	4 60				
	Line: 01					
010	FA MS 10604203 MS.24.710 TUXACHANIE CREE				411,000.00	
	Obligated Amount: \$411,000.00					
	The total amount of award: \$411,000.00. The					
	obligation for this award is \$411,000.00.					
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