#### ATTACHMENT D

#### DIVISION OF EMERGENCY MANAGEMENT

#### HURRICANE LOSS MITIGATION PROGRAM

RECIPIEN	IT:					
NAME:						
ADDRESS	S:		C	ITY:		
STATE ZIP:			А	AGREEMENT NO.:		
PAYMENT	NUMBER: I	PAYMENT TYPE:	P	ROJECT NUMBER:_		
	ELIGILBLE	PREVIOUS	CURRENT	DEM	Use Only	
	COSTAMOUNT	PAYMENTS	REQUEST	Approved	Comments	
	TOTAL CURREA	IT DEOLIECT				
	TOTAL CURREN	II REQUEST				
lisbursem lue and ha	ents were made in snotbeen previously	accordance with requested for thes	all conditions of eamounts.	ove amounts are co the Division agreeme	nt and payment is	
IAME & T	ITLE:				DATE:	
				EMERGENCY MANAGEME		
APPRO	VED PROJECT TOTAL	:				
ADMIN	ISTRATIVE COST:					
ADDDO	VED PAYMENT:		D	IVISION DIRECTOR:		

#### **ATTACHMENT D (Continued)**

#### **DIVISION OF EMERGENCY MANAGEMENT**

## SUMMARY OF DOCUMENTATION IN SUPPORT OF AMOUNT CLAIMED FOR ELIGIBLE WORK UNDER

#### **Hurricane Loss Mitigation Program**

RECIPIENT:		Project No	 
DEM AGREEME	NT NO:		
			 1
Applicant's Reference	Date range of work	DOCUMENTATION	

Applicant's Reference No. (Warrant, Voucher, Claim check, or Schedule No.)	Date range of work performed. Not invoice date unless material purchase. i.e. (8/15/22-8/31/22)	DOCUMENTATION  Company Name - brief description of work performed / materials purchased - Invoice #.  i.e.  (Smith Contractor - Wind Inspections - INV. 123)	Applicant's Eligible Costs
		TOTAL	

- 1. This payment represents \_\_\_\_\_% towards the completion of this project.
- 2. Construction expenses are in support of Deliverable 3 of the Scope of Work.
- 3. Inspection expenses are in support of Deliverable 1 of the Scope of Work.
- 4. Title and lien search expenses are in support of Deliverable 1 of the Scope of Work.
- 5. Advertisement expenses are in support of Deliverable 1 of the Scope of Work.
- 6. The indirect rate for this contract is set at 10% of expended direct funds.

### **ATTACHMENT D (Continued)**

#### **DIVISION OF EMERGENCY MANAGEMENT**

# SUMMARY OF DOCUMENTATION IN SUPPORT OF AMOUNT CLAIMED FOR ELIGIBLE WORK UNDER

#### **Hurricane Loss Mitigation Program**

RECIPIENT:	PROJECT NO.: _	
DEM AGREEMENT NO:		

Applicant's Reference No. (Warrant, Voucher, Claim check, or Schedule No.)	Date range of work performed. Not invoice date unless material purchase. i.e. (8/15/22-8/31/22)	DOCUMENTATION  Company Name - brief description of work performed / materials purchased - Invoice #.  i.e.  (Smith Contractor - Wind Inspections - INV. 123)	Applicant's Eligible Costs
		TOTAL	

### **ATTACHMENT D (Continued)**

#### **DIVISION OF EMERGENCY MANAGEMENT**

# SUMMARY OF DOCUMENTATION IN SUPPORT OF AMOUNT CLAIMED FOR ELIGIBLE WORK UNDER

#### **Hurricane Loss Mitigation Program**

RECIPIENT:	PROJECT NO.:
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Applicant's Reference No. (Warrant, Voucher, Claim check, or Schedule No.)	Date range of work performed. Not invoice date unless material purchase. i.e. (8/15/22-8/31/22)	DOCUMENTATION  Company Name - brief description of work performed / materials purchased - Invoice #. i.e.  (Smith Contractor - Wind Inspections - INV. 123)	Applicant's Eligible Costs
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