



Hazard Mitigation Programs

Payment Certification Number: _____

Partial Payment or Final Payment
(Circle one)

Sub-Recipient: _____ Project #: _____ - _____

Contract#: _____ County: _____

Total Expenses Billed (100%): \$ _____

Total Expenses Reimbursable (_____ %): \$ _____
(Please enter the % included in the approval letter)

This is to certify that the Hazard Mitigation funding I have requested is for the reimbursement of funds expended for eligible work completed for the approved project noted above. I understand that all work must be completed as the approved scope of work requires, and that all documentation to justify this and all remaining work will be maintained and be made available for review or audit as required. All records will be maintained in accordance with the Hazard Mitigation Program, Project Management Handbook which was provided with the approved scope of work notification. (Summary sheets for Force Account Labor, Force Account Equipment, Rental Equipment, Materials, Contractual and other eligible costs must be certified by the Chief Executive or his/her agent).

If all work is not completed as specified in the approved scope of work, I acknowledge that the eligible reimbursement payments may not be made or may be reduced, and a request may be made for the return of payments already received.

By signing this report, I certify to the best of my 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).

Signature: _____ Date: _____

Print Name: _____ Title: _____