

EXHIBIT D  
 DIVISION OF EMERGENCY MANAGEMENT  
 HURRICANE LOSS MITIGATION PROGRAM

RECIPIENT: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP: \_\_\_\_\_ AGREEMENT NO.: \_\_\_\_\_  
 PAYMENT NUMBER: \_\_\_\_\_ PAYMENT TYPE: **(Select)** PROJECT NUMBER: \_\_\_\_\_

ELIGIBLE COST AMOUNT	PREVIOUS PAYMENTS	CURRENT REQUEST	DEM Use Only	
			Approved	Comments
TOTAL CURRENT REQUEST				

I certify that to the best of my knowledge and belief the above amounts are correct, and that all disbursements were made in accordance with all conditions of the Division agreement and payment is due and has not been previously requested for these amounts.

RECIPIENT SIGNATURE: \_\_\_\_\_  
 NAME & TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ TO BE COMPLETED BY DIVISION OF EMERGENCY MANAGEMENT

APPROVED PROJECT TOTAL: _____	
ADMINISTRATIVE COST: _____	GOVERNOR'S AUTHORIZED
APPROVED PAYMENT: _____	REPRESENTATIVE: _____

**EXHIBIT 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 or date range of delivery of articles, period of performance. i.e. (1/11/16-12/15/16)	<u>DOCUMENTATION</u> List documentation (applicant's payroll, material out of applicant's stock, applicant owned equipment and name of vendor or contractor) by category and line item in the approved project application and give a brief description of the articles or services.	Applicant's Eligible Costs
		TOTAL	0

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.

**EXHIBIT 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 or date range of delivery of articles, period of performance. i.e. (1/11/16-12/15/16)	<u>DOCUMENTATION</u> List documentation (applicant's payroll, material out of applicant's stock, applicant owned equipment and name of vendor or contractor) by category and line item in the approved project application and give a brief description of the articles or services.	Applicant's Eligible Costs
		TOTAL	0

**EXHIBIT 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 or date range of delivery of articles, period of performance. i.e. (1/11/16-12/15/16)	<u>DOCUMENTATION</u> List documentation (applicant's payroll, material out of applicant's stock, applicant owned equipment and name of vendor or contractor) by category and line item in the approved project application and give a brief description of the articles or services.	Applicant's Eligible Costs
		TOTAL	0