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Federal Emergency Management Agency
 Project Completion and Certification Report (P.4) of
 Disaster: FEMA-3533-DR-FL

Applicant FIPS ID: 6-9906 - Applicant/Subdivision Name: INDIAN RIVER (COUNTY)

<u>PW#</u>	<u>Amendment #</u>	<u>Appr. ved Pr. j. Amt.</u>	<u>C. st Share</u>	<u>Cat</u>	<u>Bundle</u>	<u>W rk Done By</u>	<u>Pr. jected C. mpl. Date</u>	<u>% C. mpl. at Insp.</u>	<u>Elig. Am. unt</u>	<u>Actual Date C. mpleted</u>	<u>Amt. Claimed by Applicant</u>	<u>C. mments</u>
PA- 4-FL-3533-PW-		.		B	PA- 4-FL-3533-PW- (29)0		0 2- Y2 2		.		\$ 00	
		89,692.6		B	PA- 4-FL-3533-PW- (4)		0 2- N2 2		89,692.6		\$ 89,692.61	
PA- 4-FL-3533-PW-3		4,484.64	N	Z	PA- 4-FL-3533-PW- 3 (6)		0 -28-2 25 0		\$4,484.64		\$ 4,484.64	
Total r 3 PWs:		\$94, 77.25									\$ 94,177.25	
Subgrantee Admin:		\$.										
Grand Total:		\$94, 77.25										

Initials of Applicant's Authorized Representative

Generated at 3 2 23 2 2 0

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Disaster: FEMA-3533-DR-FL

Applicant FIPS ID: 6 -99 6 - Applicant/Subdivision Name: IN IAN RIVER (COUNTY)

Certification

I hereby certify that to the best of my knowledge and belief all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed, and all costs claimed have been paid in full. o

Signed _____ at _____ o

Applicant's Authorized Representative

I certify that all funds were expended in accordance with the provisions of the signed FEMA-State Agreement and I recommend an approved amount of \$_____

Signed _____ at _____ o

Governor's Authorized Representative

Name of Applicant's Authorized Representative

Title of Applicant's Authorized Representative