

**Form 4 DEP-62ER24-2: Hurricane Restoration Reimbursement Grant Program Local Government
Application
Adopted by reference in Rule 62ER24-2(7)(e), F.A.C.**

Effective July 1, 2024

Certification of Authority

By submitting an application, the person signing this Application (Signatory) is an authorized agent on behalf of the local government applicant, and certifies by the signature, under penalty of perjury, that:

1. Signatory is authorized to sign this Application on behalf of the governing body they represent.
2. The governing entity has authority to proceed with the project (Project) which is the subject of this Application and that such Project is qualified to receive payment under this program.
3. The applicant has designated the following physical mailing address (Notice Address), for the purpose of receiving all physical correspondence, payments and verifications by non-electronic signatures.
4. The Department may rely on the Notice Address provided unless it receives a designation of alternative address by certified mail.
5. The applicant government entity has approved the authority of Signatory through any and all appropriate resolutions, designations or delegations.
6. All representations in this Application are true, correct and complete.
7. This Agreement shall be deemed executed, valid, enforceable and binding upon the applicant once signed electronically and may be delivered by electronic transmission.

Step 1: Applicant and Project Information

Please provide the requested information pertaining to the applicant, project, funding, and schedule.

Name of Applicant (Grantee): _____

Grantee Grant Manager: _____

Notice Address: _____

Project Information

1. County: _____

2. Monument Start (the monument numbers where the sand placement project will begin): _____

3. Monument Stop (the monument numbers where the sand placement project will end): _____

4. Cubic yards of sand used: _____

5. Source of sand: _____

6. Number of upland structures protected: _____

7. Other project benefits:

8. Permit types and numbers applied for or secured:

9. Total cost of the project: _____

10. Funds requested (total amount of funding being requested through this grant): _____

11. Schedule:

a) *Projected or Actual Construction Start Date:* _____

b) *Projected or Actual Construction End Date:* _____

12. Has the required insurance been purchased? (Certificates of coverage will have to be uploaded with the application)

Yes

No

13. Is there any FEMA or DEM funding associated with the project?

Yes

No

14. Is there USACE involvement with this project?

Yes

No

Step 2: Submit Supporting Files

Submit the following supporting documents at time of application:

- A copy of all issued permits (e.g., issued under Ch. 161, F.S.) or applicable statutory exemption or other authorization.
- A copy of Certificates of Insurance Coverage.
- Construction contract, bid documents, or scope of work plan to verify dates listed in 11(a) – (b).

By submitting this application, you are signing an agreement that the above information is true and accurate.

Submit the following supporting documents at time of reimbursement request:

- Photos of the completed project.
- Paid invoices, for work completed after July 1, 2024, including proof of payment and associated documentation. The documentation must provide:
 - Description of work completed.
 - The dates of work.
 - The invoice, receipts and paid amounts.
 - The paid amount covers the request for reimbursement.
- By submitting this request for reimbursement, you are signing an agreement that the above information is true and accurate.

Is this the last reimbursement request Applicant will make for this Application? Y/N