

**HAZARD MITIGATION GRANT PROGRAM  
FINAL CLAIM FORM**

Upon completion of all work, and payment of expenditures, please submit this form to:

The California Emergency Management Agency  
Hazard Mitigation Branch  
Attn: Ken Worman  
3650 Schriever Avenue  
Mather, California 95655

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Federal Disaster No. \_\_\_\_\_

Hazard Mitigation Project No: \_\_\_\_\_

FIPS No.: \_\_\_\_\_

**Subgrantee Certification:**

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF I HAVE SUBMITTED ALL REQUIRED DOCUMENTS AND ALL WORK AND COSTS CLAIMED ARE ELIGIBLE IN ACCORDANCE WITH THE GRANT CONDITIONS.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Authorized Applicant's Agent

**State of California Certification:**

I CERTIFY THAT ALL FUNDS WERE EXPENDED IN ACCORDANCE WITH THE PROVISIONS OF THE FEMA-STATE AGREEMENT.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Governor's Authorized Representative (GAR)