

**PRE-DISASTER MITIGATION (PDM) 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: _____

Project Number. _____

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: _____
Applicant's Authorized 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)