

Subrecipient Management Cost Checklist:

Disaster/Project Number: DR-4708

Jurisdiction Name:

Project Name:

Please review the following information and check one of the boxes below:

☐ Yes, the above-mentioned jurisdiction would like to seek reimbursement for Subrecipient Management Costs. I have attached the completed 'HMGP Management Cost Estimate Spreadsheet' and 'Management Cost Estimate Narrative' for the above- mentioned project. These funds do not exceed 5% of the total project cost, and I am aware that the Federal cost share is 100%.

☐ No, the above-mentioned jurisdiction does not wish to seek reimbursement for Subrecipient Management Costs for the above-mentioned project and waive their right to these funds.

Authorized Agent Name: _____

Authorized Agent Signature: _____

Date: _____